## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H78612

(9)

BACH & ASSOCIATES, INC.

FILED
Jul 16 1998 8:00am
Secretary of State



Principal Place	e of <b>Bus</b> iness		Ma	Mailing Address					- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2122 EDGEWATER DR.				315 SPRING VALLEY DR.							
ORLANDO FL 32804				ALTAMONTE SPGS. FL 32714					DO NOT WRITE IN THIS SPACE		
U\$									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
									10/01/1985		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applie	d For	
21				26					<b>59-2610674</b> Not Ap	plicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Addi	tional	
			27	27					Fee Requir	ed	
City & State				City & State					Election Campaign Financing \$5.00 May	y Be	
23			28	28					Trust Fund Contribution Added to Fees		
Zip	Country			Zip Country			ý		8. This corporation owes or has paid the current year Intangible		
24	25			29 30					Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent											
Bach, Susan A.						81 Name					
315 SPRING VALLEY DR. ALTAMONTE SPGS. FL 32714							Street Address (P.O. Box Number is Not Acceptable)				
							-				
							City		85 Zip Code		
						84			FL		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered											
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE						E Registered Agent signalure re		alure requir			
12.	- AK	OFFICERS AN	D DIRE			3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	0.441.4	□ DELETE	DELETE 1.1 TI		1		Change	Addition		
NAME BACH, SUSAN A.				1.2 N							
STREET ADDRESS		IG VALLEY DR.		1.3 STR			T ADDRES	s			
CITY-ST-ZIP	ALTAMONTE SPGS. FL						1.4 CITY-ST-ZIP				
TITLE	VP	nnu i		∟ DELETE	·	TITLE			Change	Addition	
NAME	BACH, LARRY A						2.2 NAME				
STREET ADDRESS	ALTANOMIC CODUMOS CI						2.3 STREET ADDRESS			j	
CITY-\$T-ZIP	ALTAMONTE SPRINGS FL						2.4 CITY-ST-ZIP				
TITLE				C DELETE		3.1 TITLE			Change	Addition	
NAME						NAME	<b>.</b>				
STREET ADDRESS				3.3 STREET ADDRES				٥			
CITY-ST-ZIP						CITY-S	I-ZIP	+			
TITLE				DELETE	'				Change	Addition	
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STREET ADDRESS							T ADDRES	۱ ا			
CITY-ST-ZIP	<del></del>					CITY-S	1-212	+-	<u> </u>	Addision	
TITLE				L DELETE	'	NAME			Change	Addition	
NAME							TADDOCO	ا			
STREET ADDRESS	1						T ADDRES	٦		1	
CITY-ST-ZIP TITLE				[] <sub>55,555</sub>		CITY-S	1-ZIP			Addition	
				L DELETE	•	NAME			L. Change	Addition	
NAME							T ADDRES				
STREET ADDRESS						CITY'S		١		1	
CITY-ST-ZIP	erlify <b>tha</b> t the i	information supplied with	this filin	no does not qualify f	or the exe	mplio	nstated	in section	tion 119.07(3)(i), Florida Statutes. I further certify that the informati	on	
Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee emponered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears											
in Block 12 or Block 13 if changed or on an attachment with an eddress.											