FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J09864

BAHAMA SERVICES, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90136 036 ***150.00



Principal Place of Business Mailing Address							-		
% KEVIN F. RICHARDSON- 1551 FORUM PLACE SUITE 300-C STE 905-97 WEST DAMA PEACH FL 22400			<u>.</u>			DO NOT WRITE IN TH	IIS SPACE		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33409 US				,			3. Date Incorporated or Qualifed		
		00					04/18/1986		
2. Principal Place of Business 2a. Mailing Address					•		4. FEI Number		Applied For
21	26						59-2676129		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Suite, Apt. #, etc.				5. Certifcate of Status Desired	*****	Additional Required
City & State City & State							6. Election Campaign Financing	\$5.0	O May Be
23		28	·				Trust Fund Contribution		d to Fees
Zip					у		8. This corporation owes the current year	Intangible	
24	25 29 30						Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curren			1 [.			10. Name and Address of New Registere	d Agent	
						Name	•		
RICHARDSON, KEVIN F.					2 9	Ctract Addra	ss (P.O. Box Number is Not Acceptable)		
1551 FORUM PLACE					۱	oreer Addre	sa (F.O. DOX MUITIDELIS NOT ACCEPTABLE)		
SUITE 300-C				83	3		A 11/8/05 VIII		
WEST PALM BEACH FL 33401				<u> </u>	↓_				
				84	4 (City	F	85 Zip	p Code
11 Pursuant	to the provisions of Sections 607 0500	2 and 60	07.1508. Florida Statutes.	the abov	ve-n	named corpo	ration submits this statement for the nurnose	of changing i	its registered
affina as s	anistared agent or both in the State (at Floor	la. Such change was allif	OUZEU DI	vn	e corporation	n's board of directors. I hereby accept the app	ointment as	registered
agent. I a	m familiar with, and accept the obligat	tions of,	Section 607.0005, Florida	a Statute:	15.				
SIGNATURE			MOTE: De	nistaran kas	ant sk	longitus required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN			13.	9111 00	agriatos o requirac	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
TITLE	PD	D 01112	☐ DELETE	1.1 TITLE				☐ Change	
NAME	JOHNSTON, WILLIAM W.			1.2 NAME					
	1551 FORUM PL, STE. 300C			1.3 STREE		nnocés			
STREET ADORESS	l								
CITY-ST-ZIP	WEST PALM BEACH FL		☐ DELETE	1.4 CITY-5		<u> </u>		☐ Change	e Addition
TITLE	VD			2.1 TITLE			•		
NAME :	BETHEL, SAMUEL W.			2.2 NAME					
STREET ADDRESS				2.3 STREE					
CITY-ST-ZIP	WEST PALM BEACH FL			2. 4 CITY-		ZIP		☐ Chang	e 🔲 Addition
TITLE	DST		☐ DELETE	31TMLE					
NAME	GORDON, NORWEL E.			3.2 NAME	=				
STREET ADDRESS	1551 FORUM PL, STE. 300C			3.3 STREE	ETAL	DORESS			
C/TY-ST-ZIP	WEST PALM BEACH FL			3.4. CITY-		219			
TITLE			☐ DELETE	4.1 TITLE				Chang	je 🔲 Addition
NAME				4. 2 NAME	Ε				
STREET ADDRESS				4.3 STREE	ET AL	DORESS			
CITY-ST-ZIP				4.4 CITY-	ST-Z	ZIP			
TITLE			☐ DELETE	5.1 TITLE				Chang	je 🗌 Addition
NAME				5.2 NAME	•				
STREET ADDRESS				5.3 STREE	ET AL	DDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-Z	ZUP			
TITLE "]-	1974 35 #Feb 13 27 3 - 36 1		☐ DELETE	6.1 TITLE				Chang	e Addition
NAME :				6.2 NAME	Ξ				
1	i .			6.3 STREI		DORESS			
STREET ADORESS				CACITY		1			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

RENORWED E. GORVON SIGNATURE: