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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J13014 1. Corporation Name

BALCO GROUP INC

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90023 029 ***150.00

| IIALOO (| anoor, mo | | | | | | | | |
|---|---|---------------------|---|--|------------|---|------------------|----------------|-------------------|
| Principal Place | e of Business | Mailing Address | | | | I I MATERIA DE DE LE CONTROL CONTROL CONTROL | 8)BI 818II BIB | PL 01811 E1011 | TIBLE BIBLE FOR |
| 2901 32ND ST. | | 2901 32ND ST. SO. | | | | | | | |
| ST. PETERSBU | | | | | | | | | |
| , | | | | | | DO NOT WRITE | IN THIS S | SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed - 05/02/1986 | | ~ | |
| 2. Principal P | Place of Business | 2a. Mailing Address | • | | | 4. FEI Number | | A | pplied For |
| 21 | | | Rour | VII. | د. ا | 59-2667786 | | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5 Contifered of Status Desired | | \$8.75 | Additional |
| 22 | , | 27 P.O. Box 5 | 302 | 147 | | 5. Certifcate of Status Desired | <u> </u> | Fee R | equired |
| City & Stat | te . | City & State | | | <u> </u> | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 St. PETERSI | Bur | .6 1 | 1. | Trust Fund Contribution | <u> </u> | Added | to Fees |
| Zip | Country | Zip | Cont | | | 8. This corporation owes the currer | | | 4 |
| 24 | 25 | 29 33747 | 30 1 | NEI | | Personal Property Tax. | | ☐ Yes | ⊠No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent · | |
| | 050 1514 5 | | 8 | 31 Name | | • | • | | |
| SNYDER, LENA F. | | | | 32 Street | Addres | s (P.O. Box Number is Not Acceptab | e) | | |
| ſ | BRITTANY DRIVE, SOUTH | | | | | | · | | |
| #9 | · | | 1 | 33 | | | | | |
| ST. PETERSBURG FL 33715 | | | ļ. | 34 City | | | | 85 Zip | Code |
| | | | ' | 34 City | | • | FL | 100 | 5545 |
| 12. | Signature, typed or printed name of registered agent a OFFICERS AND | | Registered A | gent signature | required w | hen reinstating) ADDITIONS/CHANGES TO OFFI | DATE CERS ANI | | |
| TITLE | P | ☐ DELETE | 1.1 TITL | E | | | | Change | Addition Addition |
| NAME | SNYDER, LÊNA | | 1.2 NAM | E | | | | | |
| STREET ADDRESS | | | 1.3 STR | EET ADDRESS | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33715 | | 1.4 CITY | -ST-ZIP | | | | | |
| TITLE | V | ☐ DELETÉ | 2.1 TITL | E | 1 | | | ☐ Change | ☐ Addition |
|) NAME | SNYDER, LENA F. | م المراث سيد | . 22 NAM | E | 1 | TOTAL CONTRACTOR | | <u>-</u> | |
| STREET ADDRESS | 4780 BRITTANY DR. S. 19 | | 2.3 STR | EET ADDRESS | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 2.4 CIT | Y-ST-ZIP | | | | | |
| TITLE | 1. | ☐ DELETE | 3.1 TTTL | E | | | | | |
| NAME | ľ | | | | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition |
| STREET ADDRESS | \$ | | 3.2 NAM | RE | | | | ☐ Change | Addition |
| CITY-ST-ZIP | | | | RE EET ADDRESS | | | | _ Change | Addition |
| TITLE | | | 3.3 STR | | | | | | |
| NAME | | ☐ DELETE | 3.3 STR | EET ADDRESS Y-ST-ZIP | | | | Change | |
| | | ☐ DELETE | 3.3 STR 3.4. CIT | EET ADDRESS Y-ST-ZIP E | | | | | |
| STREET ADDRESS | | ☐ DELETE | 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI | EET ADDRESS Y-ST-ZIP E | | | | | |
| STREET ADDRESS | · · | DELETE | 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STR | EET ADDRESS Y-ST-ZIP E ME | | | | Change | Addition |
| 1 | | ☐ DELETE | 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STR | EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP | | | | | Addition |
| CITY-ST-ZIP | were. | | 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT | EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E | | | | Change | Addition |
| CITY-ST-ZIP | | | 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA | EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E | | | | Change | Addition |
| CITY-ST-ZIP TITLE NAME | | | 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAI 5.3 STR 5.4 CIT | EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E ME EET ADDRESS (-ST-ZIP | | | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | - | DELETE | 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAJ 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAJ 5.3 STR | EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E ME EET ADDRESS (-ST-ZIP | | | | Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAI 5.3 STR 5.4 CIT | EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E ME EET ADDRESS (-ST-ZIP E EET ADDRESS | | | | ☐ Change | ☐ Addition |

CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP