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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J45630

BACI CONSULTANTS, INC.

Principal Plac	e of Business	Mailing Address				IN o d ara diada barra anten il	ilia es ia siba		
1551 FORUM F		1551 FORUM PLACE							
300C	Cive	300C							
W PALM BEAC	H FL 33401	W PALM BEACH FL 3340)1		5 Data land	DO NOT WRI	TE IN THI	IS SPACE	
US		US			[+	rporated or Qualifed			
C. Daineire d	N	S. Mailing Address			12/05/1			I And	plied For
	Place of Business	2a. Mailing Address			65-003				t Applicable
21 Suite Ant		Suite, Apt. #, etc.			00.000	00ZU		\$8.75 A	
Suite, Apt.	. #, etc.	27 Suite, Apr. #, etc.			5. Certifcate	of Status Desired		Fee Re	
City & Sta	te .	City & State			6 Flection 0	Campaign Financing		\$5.00	May Re
23	ie .	28			1	d Contribution		Added to	, ,
Žip	Country	Zip	Country		8. This corp	oration owes the curr	ent year l	ntangible	
24	25	29	30		1	Property Tax.			□No
	9. Name and Address of Curre				10. Name an	d Address of New F	Registere	d Agent	
			81	Name /	MANUE	GERSTE	SIN		
	RSTEIN, EMANUEL		82			umber is Not Accepta		-	·····
-44-(DOCOANUT RO W			14	551 FOR	IM TLACE		<u>ක · ය</u>	
			83						
PAL	M-BEACH FL-33480		84	City .	A 5	<u> </u>		. 85 Zip C	Code
				·W	1. PALM B	EACH	F	ق <i>ال `` ا</i> L	3 <i>4</i> 0/
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with and accept the oblig	02 and 607.1508, Florida Statu	utes, the above-	named co	orporation submits t	this statement for the	purpose on the app	of changing its nintment as rec	registered distered
omice or a agent. I a	registered agent for both, in the State am familiar with and accept the oblig	ations of Section 607.0505, FI	lorida Statutes.	ia corbon	ation a board c. a	,0.013. 1,000 ====-	. /	/ _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Manuel >	Gersteen					1/2	29/99	
	Signature, typed or printed name of registered ag-		TE: Registered Agent s	signature req		COLLANGER TO GE	DATE	THE DIRECTOR	DC IN 12
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITION	S/CHANGES TO OF	FILERO	hange	Addition
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NAME	GERSTEIN, EMANUEL		4 2 MAME		•	n	·		_ `
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	i i		1.3 STREET A		1551 FO	BEACH	CE .		_ `
CITY-ST-ZIP	PALM BEACH FL 33/480		1.3 STREET AI 1.4 CITY-ST-2		1551 Fo W. Palm	BEACH.	CE .	300-C	_ `
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6.4 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

SIGNATURE:

561-616-9800