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

PROFIT CORPORATION ANNUAL REPORT

1998

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J50795

(0)

DONALD J. BAKER & ASSOCIATES, INC.

FILED Apr 10 1998 8:00am Secretary of State



i ilicipai i laci	o or business	aming Modress						
18211 SENTRY WOODS CT. ODESSA FL 33556 US		(16211 SENTRY WOODS CT. ODESSA FL 33556 US				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
9 Principal P	ace of Business	20	, Mailing Address			_	01/02/1987 4. FEI Number Applied For	
Throipar rideo or business			26				4. FEI Number Applied For Not Applied by Not Applied For Not A	
Suite, Apt. #, etc			Suite, Apt #, etc.				SR 75 Additional	
2			·]				S. Certificate of Status Desired Fee Required	
City & State			City & State				Election Campaign Financing \$5.00 May Be	
3							Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Country			8. This corporation owes or has paid the current year Intangible	
4	25	29		30			Personal Property Tax due June 30. Yes No	
	9, Name and Address of Curren	t Hegi	stered Agent		81	Name	10. Name and Address of New Registered Agent	
BAKER, DONALO J.						INAFIIO		
16211 SENTRY WOODS CT.						Street Address (P.O. Box Number is Not Acceptable)		
ODESSA FL 33556					83			
					84	City	85 Zip Code	
11. Pursuant i	to the provisions of Sections 607.050	2 and (607.1508, Florida Statu	ites, the a	bove	a-named o		
office or re agent. I a	egistered agent, or both, in the State m tapylar with and accept the obliga	of Flor	ida. Such change was	authorize	d by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
_	Monach Aller	THE STATE OF	or, december 60) .desca, r	iorioa sta	10100		1/30/98	
SIGNATURE	Signature, typed or printer of registered age	rit and titl	o il applicable (NC	TE: Registere	d Age	nt signature r	required when reinstating) DATE	
12,	OFFICERS AND	O DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV		☐ DELFTE	1.1 ()	TLE		Change Addition	
NAME	BAKER, DONALD J.			1.2 N	AME]		
STREET ADDRESS	16211 SENTRY WOODS CT.			1.3 ST	TREET	ADDRESS		
CITY-ST-ZIP	ODESSA FL			1.4 C(T)		T ZIP		
TITLE	ST LOVOE M		☐ DELETE	2.1 TI			D Change Addition	
NAME				2.2 NAME				
STREET ADDRESS	16211 SENTRY WOODS CT. ODESSA FL			. I	2.3 STREET ADDRESS		•	
CITY-ST-ZIP TITLE				2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition		
NAME		3.11			}			
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP					ST-ZIP			
TITLE			41 TI		,	☐ Change ☐ Addition		
NAME				4. 2 NAME		· ···· • —		
STREET ADDRESS				4.3 S	TREET	ADDRESS	<u> </u>	
CITY-ST-ZIP				4.4 C	ITY-S	T-ZIP	Ì	
TITLE			DELETE	5.1 Ti			Change Addition	
NAME				5.2 N	AME			
STREET ADDRESS				5.3 S	TREET	ADDRESS		
CITY-ST-ZIP				5.4 C	ITY-S	T-ZIP		
TITLE			☐ DELETE	6.1 11	TLE		Change Addition	
NAME				6.2 N	AME			
STREET ADDRESS				6.3 S	TREET	ADDRESS		
CITY - ST - ZIP				6.4 C	ITY-S	T-ZIP		

14. Thereby 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 chymical, or on an attackment with an address.

SIGNATURE:

920 - 2255