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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

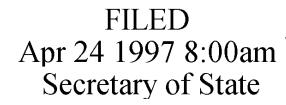
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(8)

37619 ·

BACCIT INC

Mailing Address





| Principal Place                            | od Queinore  | Mailing Address   |                   |                |   |  |                     |                          |  |
|--|--|---|-------------------|----------------|---|--|---------------------|--------------------------|--|
| N ROBERT JOH                               | IN PETERSON  | Mailing Address  N ROBERT JOHN PETERSON  100 CLIFTON ROAD |                   |                |   |  |                     |                          |  |
| HOLLYWOOD FI                               |  | HOLLYWOOD FL \$3023-61                                    | 66                |                |   | 3. Date Incorporated or Qualified 05/12/1989           |                     | ate of Last I<br>25/1996 | Peport                                       |
| Principal Place of Business 21             |  | 26. Mailing Address                                       |                   |                | 4. FEI Number<br>65-0130421             | Applied For Not Applicable                             |                     |                          |  |
| Suite, Apt                                 | #, etc   | Suite, Apt. #, etc.                                       |                   |                |   | Certificate of Status Desired                          |                     | \$8.75                   | Additional<br>lequired                       |
| 22  <br>City & State                       | )  | City & State  |                   | ····           |   | 6. Election Campaign Financing                         |                     | \$5.00                   | May Be                                       |
| 23 Zup                                     | Country  | <b>28</b>   |                   | untry          | , | Trust Fund Contribution                                | Ц.                  |                          | to Fees                                      |
| 7ip<br>24                                  | 25   | 29  | 30                | Uritry         |   | This corporation has liability for<br>Florida Statutes | intangible<br>Yes [ |                          | s. 199.032,                                  |
|  | 9. Name and Address of Curren                                  |   | 1001              | Τ              |   | 10. Name and Address of New R                          |                     |                          |  |
| PETE                                       | erson, robert John   | ,                   |                   | 81             | Name                                    |  |                     |                          |  |
|  | CLIFTON ROAD<br>LYWOOD FL 33023                                |   |                   | 82             | Street Add                              | ress (P.O. Box Number is Not Accepta                   | ble)                |                          |  |
| 4<br>14                                    |  |   |                   | 83             |   |  |                     |                          | <u></u>                                      |
|  |  |   |                   | 84             | City                                    |  | FL                  | 85 Zip                   | Code   |
| SIGNATURE  12. HILE                        | Superaire typed or product name of registered age OFFICERS ANI |   | TE: Registere 13. |                | upes estutanqia kni                     | ired when reinstating) ADDITIONS/CHANGES TO OFFI       | DATE<br>CERS AND    | DIRECTO                  | RS IN 12                                     |
| NAME<br>STREET ADDRESS<br>CITY+ST-ZIP      | PETERSON, BEVERLY ANN<br>108 CLIFTON ROAD<br>HOLLYWOOD FL      |   | 1.3 \$            |                | ADDRESS                                 |  |                     |                          |  |
| NAME STREET ACCRESS OTY-ST-ZIP             | D<br>PETERSON, ROBERT JOHN<br>108 CLIFTON ROAD<br>HOLLYWOOD FL | ☐ DELETE  | 235               | IAME<br>STREET | ADDRESS<br>ST-ZIP                       |  |                     | Change                   | ∐_ Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS            |  | DELETE  |                   | AME            | ADDRESS                                 |  |                     | Change                   | 'Additio                                     |
| CHY+S1-ZIP<br>TITLE<br>NAME                |  | DELETE  | 4.17              |                | ST-ZIP                                  |  |                     | ☐ Change                 | Addition                                     |
| STREET ADDRESS                             |  |   | 4.4 (             | CITY-S         | FADDRESS<br>ST-ZIP                      |  |                     | · [-] 2                  | <b>——————</b> —————————————————————————————— |
| TITLE  NAME  STREET ADDRESS  OTY: ST: Z.P. |  | DELETE  | 535               | NAME<br>Street | T ADDRESS<br>ST-ZIP                     |  |                     | Change                   | L Additio                                    |
| THE NAME STREET ADDRESS                    | )  | ☐ DELETE  | 617<br>621        | TITLE<br>NAME  | T ADDRESS                               |  |                     | Change                   | Additio                                      |
| CITY-ST-ZIF                                |  |   | 6.40              | CITY - S       | ST-ZIP                                  | d in Caption 110 07(0)(i) Florida Statut               | 1 6 41              | a cortil i the           |  |

4. I do 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.

SIGNATURE

SIGNATURE AND EXELD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/5 9 6875012