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

officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attrichm

Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)BAHRIDA ENTERPRISES, INC. Principal Place of Business Mailing Address P.O. BOX 4183 P.O. BOX 4183 FT PIERCE FL 34948 FT PIERCE FL 34948 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2976741 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes □No 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COE. ATTILIO 1701 GULF STREAM AVE #737 82 Street Address (P.O. Box Number is Not Acceptable) FT PIERCE 34949 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTD DELETE TITLE 1.1 TITLE Change Addition COE, ATTILIO NAME 1.2 NAME 1701 GULF STREAM AVE 737 STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 1.4 City-St-7IP VSD DELETE 2.1 TITLE TITLE Change Addition COE, MARGARET E. NAME 2.2 NAME 1701 GULF STREAM AVE 737 STREET ADDRESS **P.3 STREFT ADDRESS** FT PIERCE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an cithis report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing dindicated on this annual report or supplemental annual popular does not qualify for the

e empowered to exect naddress.

hilar

**FILED** 

(10/97

CRZE034