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

PROFIT CORPORATION ANNUAL REPORT

**1002** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37879 (8)					
•	BAL COVERAGE, INC.	` '			
Principal Plac	e of Business	Mailing Address		—— I COBROLI 100 FALM LAUNG COMM CORO CUM BEBIL OF	
		4131 NORTHWEST 8			
POMPANO BEACH FL 33062 US		POMPANO BEACH FL 33062 US		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		12/19/1989 4. FEI Number	Applied For
2126		26		65-0177112	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the curr     Personal Property Tax due June 30.	rent year Inlangible Yes 🏻 No
<u> </u>	Name and Address of Curre		30	10. Name and Address of New Registered A	<del> </del>
	STETHEM, RICHARD D		81 Name		
4131 NW 8TH TERR			82 Street A	ddress (P.O. Box Number is Not Acceptable)	<u>-</u>
POMPANO EBHAC FL 33062			63		
			84 City		85 Zip Code
			. ]	F <u>L</u>	
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized by the corpo	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the appora-	changing its registered pintment as registered
agent. I a SIGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes.		
	Signature, typed or printed name of registered as	~~~	TE: Registered Agent signature re		
TITLE	OFFICERS AF	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12  Change Addition
NAME	STETHEM, RICHARD D.		1.2 NAME		
STREET ADDRESS	4131 NORTHWEST 8 TER	RACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	DELETE	1.4 CITY - ST - ZIP		District District
TITLE NAME		["] DECEIS	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-ST-ZIP		
TITLE NAME		☐ DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME CTREET ADDRESS			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 City-St-Zip		Ï
TITLE		DELETE	5.1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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 ropert 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 comporation 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 of chapter 607 in an attachment with an address

CIGNATURE

Aschard &

11-25-90

954-783-7587

**FILED** 

May 06 1998 8:00am

Secretary of State