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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L40749

1. Corporation Name

B.A. CARLSON FLORIDA, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90146 043 ***150.00



Principal Place	ce of Business Mailing Address				1 (201(21) 2); 0(3); 331(1) (30); 0(0)	i (401/41) Elt filst sätt labit diate falt årått biblt eren eren eren eren.		
3675 TWENTIETH ST. 15 WILSON STREET					7 4		•	
SUITE "B" HARTSDALE NY 10530					DO NOT WRITE	IN THIS SPACE		
VERO BEACH FL 32980					3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE		
US				1 - 1		\		
		T			01/08/1990 4. FEI Number	 1	Applied For	
	lace of Business	2a. Mailing Address	T . M	6-110	1 ** : =:	⊢	Not Applicable	
21 1670		26 SAME	60 H	-00 VC	13-3551947	60-		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	, , , , , , , , , , , , , , , , , , ,	5 Additional e Required	
22		27						
City & State City & State					Election Campaign Financing Trust Fund Contribution		00 May 8e	
23 Clermont the 28			Country 8. This corporation owes the current year Intangible		160 10 1 663			
—, Zip —, ■ → ⊢	dall Country	Zip	Country		8. This corporation owes the currer Personal Property Tax.	nt year intangible ∏Yes	□No Í	
24 3	1 11 25 Lake	29 30	<u> </u>		10. Name and Address of New Re			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New No	gistered Ageint		
TUC	DENTICE HALL CORPORATION	SYSTEM INC	*'					
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET				Street Ad	dress (P.O. Box Number is Not Acceptab	le)	j	
SUITE 105 TALLAHASSEE FL 32301			83					
			03					
IALL	ANASSEE FL 32301		84	City		FL 85	Zip Code	
							a its registered	
affica as r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	i Fiorina. Such channe was autili	mzen nv	ine cuibura	rporation submits this statement for the p tion's board of directors. I hereby accept	the appointment a	is registered	
SIGNATURE	ini tanimai wan, ana assapa ma assagam							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				t signature requ	ired when reinstating)	DATE OF DEPT	CTORS IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	V1Cha		
TITLE	DP	☐ DELETE	1,1 TITLE		Cal C			
NAME	CARLSON, BYRON V.		1.2 NAME		1670 Cast Un	೬	Į	
STREET ADDRESS	3675 20TH ST S-B		1.3 STREET	ADDRESS /	1670 East an Clermont, Hor	1 3	4711	
CITY-ST-ZIP .	VERO BEACH FL		1.4 CITY-S	T-ZIP	JEIMONIF, FLOI	Cha	nge Addition	
TITLE		☐ DELETE	2.1 TITLE		,		ilige Addition	
NAME	-		2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS			j	
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		FIA	Addition	
TITLE		☐ DELETE	3.1 TITLE			Cha	nge	
NAME			3.2 NAME	1	·			
STREET ADDRESS			3.3 STREE	ADDRESS			}	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
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STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge 🗀 Addition	
NAME			5.2 NAME	ļ				
STREET ADDRESS			5.3 STREE	ADDRESS			į	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE			6.1 TITLE			☐ Cha	nge Addition	
		☐ DELETE	O.7 TITLE	- 1		_	* _	
NAME		☐ DELETE	6.2 NAME			_	•]	
NAME STREET ADDRESS		□ DELETE		ADDRESS		_	,	

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 of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 (914)68/-0800

CR2E034 (11/98)