

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L70717** (8)

1. Corporation Name  
**BABO CORPORATION**



Principal Place of Business  
**C/O JOHN P MILLIGAN, JR  
1500 COLONIAL BLVD STE #103  
FT MYERS FL 33907**

Mailing Address  
**C/O JOHN P MILLIGAN, JR  
1500 COLONIAL BLVD STE #103  
FT MYERS FL 33907**

|                                                                                                                                                                 |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>05/07/1990</b>                                                                                                          | 3a. Date of Last Report<br><b>04/28/1995</b>           |
| 4. FEI Number<br><b>65-0211858</b>                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                    | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                              | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |
| 10. Name and Address of New Registered Agent                                                                                                                    |                                                        |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

**MILLIGAN, JOHN, P, JR  
1500 COLONIAL BLVD  
#103  
FT MYERS FL 33907**

|              |                                                        |
|--------------|--------------------------------------------------------|
| 81. Name     | 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City     | 84. City                                               |
| 85. Zip Code | <b>FL</b>                                              |

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

CR2E034 (12/95)