CORPORATION ANNUAL REPORT Sandra B. Secretary DIVISION OF CO		FILED
DOCUMENT # 177 30948.		02 JUL 30 AM 10: 44
1. Corporation Name Boupiell T-Shint Co. Inc		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 21. 40-1000 Cocame Blv 26. 33.6.4. Suite, Apt. #, etc. 22. #5-143	33131 S-W.10.85to- Vorth Lyon Marie Pa 81 Name Pa 82 Street Address 83 / 33 (84 City M the above-named corporation	DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 4 - 23.1986 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 7. Poly Space Space 7. Poly Space Space Space 7. Poly Space Sp
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS TITLE PORCE ARE TO THE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS M8. Panzegna wood	1.3 STREET ADDRESS	
CITY-SI-ZIP 13364 SW · 1085f · CICLE NAME STREET ADDRESS CITY-SI-ZIP.	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	anzegna wood Rhange Addition 36 y sw 10fst collapse
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3. STREET ADDRESS 3.4 CITY-ST-ZIP	anzegner wood
TITLE NAME STREET ADDRESS	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS	Main Ha 31186
CITY-ST-ZIP TITLE NAME	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change
STREET ADDRESS CITY-ST-ZIP	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	-08/06/0201040030 ****300.00 ****300.00
TITLE	6.1 TITLE 6.2 NAME	Change Addition
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	. 6.4 CITY - ST - ZIP	the character of Continue of C
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 if changed, or the intervent with an address.		
SIGNATURE: SIGNATURE AND THE DOWN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date The Down Printed Name of Signing Officer or Director		

Bayside T- Shints Co. 13364 S.W 108 Street Cercle North Miani Lea 33186

Sfla. Dept. 2 State
Division of Conforation
P.O. Box 6327
Jallahassee, Florida 32314.

Subject: Bayride T- Shirl inc Ref. # m 30948

Please accept my apology for the delay in getting this to you. I was out g the country (went to Burny my Dad).

I had also included a letter weeth my first submission, I was not aware that a Second one was required.

I am therefore Submitting this letter hequesting Fee abatement due to the food cule never recoved any correspondance from the state. To date we still have

Paril for.
We appreciate your cooperation and
Understanding.

Sincerly

Panjeyou wood President
Bayride Tishet Cooperation.

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