FILE NOW: FILING FEE IS \$61.25					
NONPROFIT CORPORATION			IENT OF STATE		
	JAL REPORT	Sandra B. N Secretary of			
	1996	DIVISION OF CO			
DOCUMENT # N9300002094 (1)				-	
	B.A.D.D., INC.				
				I TERRITAR AND THE TRACE AND A PRIME AND T	
Principal Place	e of Business	Mailing Address			
677 CARIBBEAN RD. 677 CARIBBEAN RD.					
SATELLITE BEACH FL 32937-4028 SATELLITE BEACH FL 32937-4028					·····
				<ol> <li>Date Incorporated or Qualified 05/07/1993</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 59-3179586	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable
22 City & State	e	27 City & State		6. Election Campaign Financing	Fee Required
23 Zip	Country	28		Trust Fund Contribution	Added to Fees
24	Country 25	Zip 29 30	Country	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
HARTMANN, JUNE				ss (P.O. Box Number is Not Acceptable	
677 CARIBBEAN RD. SATELLITE BEACH FL 32937-4028			83		·
SAIELLI	TE DEAUN FL 32837-4028		84 City		
11 Purcupati	to the provisions of Soutions 617.0500	and 617 1500 Flacida One and 1			FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	d tile if annicable (NOTE: Bo	gistered Agent signature required v	then yourd that	
12. TITLE	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	PTD HARTMAN <sup>A</sup> JUNE	DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	677 CARIBBEAN ROAD		1.3 STREET ADDRESS		ZE037
CITY - ST - ZIP TITLE	SATELLITE BEACH FL		1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	FLAGG, SALLY		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	311 ELLIOT ST. SOUTH NATICK MA		2.3 STREET ADORESS 2 4 CITY - ST-ZIP		
TITLE	VPD	DELETE	31 TITLE	· · · · · · · · · · · · · · · · · · ·	Change 🗖 Addition
NAME STREET ADDRESS	WHITE, MARSHA 215 ORANGE ST.		3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		34. CITY - ST - ZIP		
TITLE	td Lear, donald	DELETE	4 1 TITLE 4. 2 NAME		Change 🛄 Addition
STREET ADDRESS	1024 PARK DR. #4		4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	<u>INDIAN HARBOR BEACH FL</u> SD		4.4 CITY - ST - ZIP 5.1 TITLE		Change [1] Addilion
NAME	FERRO, BETTY	7	5.2 NAME		
STREET ADDRESS DITY-ST-ZIP	1110 BANANA DR		5 3 STREET ADDRESS		
TITLE	INDIAN HARBOUR BEHAC FL	DELETE	54 CITY - ST - ZIP 61 TITLE		Change 🛄 Addition
NAME STREET ADDRESS	JAMES FALLED JIL JOLLY, ROGER	NONE	6 2 NAME		
CITY - ST - ZIP	ZAMAINE KONIN V		6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		
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 of birector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name					
appears in Block 12 or Block 13 if changed, or or on an attachment with an address.					
SIGNATURE: Strall Far DONALD LEAK 4-30-96 773 6099					
	SIGNATURE AND TYNED OR P	RINTED NAME OF SIGNING OFFICER OR	NRECTOR	Date	Daytime Phone #