

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29811** (7)

1. Corporation Name
B.A.U. ENTERPRISES, INC.

Principal Place of Business Mailing Address
4154 PORTAGE LANE 4154 PORTAGE LANE
HOFFMAN ESTATES IL 60195 HOFFMAN ESTATES IL 60195

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/19/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 36-3705492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. The corporation's liability for intangible tax under § 199.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MANICK, RICHARD
407 JAPURA STREET
PORT CHARLOTTE FL 33980

10. Name and Address of Now Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0509 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed in printed name of registered agent and his or her address) (Name, Title, Office, Agent, or Public Registered Agent/Secretary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERT	1.2 NAME	
STREET ADDRESS	4154 PORTAGE LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	HOFFMAN ESTATES IL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANICK, CAROL	2.2 NAME	
STREET ADDRESS	407 JAPURA	2.3 STREET ADDRESS	
CITY, ST, ZIP	PORT CHARLOTTE FL	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANICK, RICHARD	3.2 NAME	
STREET ADDRESS	407 JAPURA	3.3 STREET ADDRESS	
CITY, ST, ZIP	PORT CHARLOTTE FL	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, CYNTHIA	4.2 NAME	
STREET ADDRESS	4154 PORTAGE LANE	4.3 STREET ADDRESS	
CITY, ST, ZIP	HOFFMAN ESTATES IL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption afforded in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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 807, Florida Statutes, and that my name appears in Block 12 of Block 13 of this filing or on an attachment with an address.

SIGNATURE: *Robert Alexander* *Cynthia Alexander* 4/25/95 708-359-0054
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR