

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P29811 (7)
1. Corporation Name
B.A.U. ENTERPRISES, INC.

Principal Place of Business: 4154 PORTAGE LANE, HOFFMAN ESTATES IL 60185
Mailing Address: 4154 PORTAGE LANE, HOFFMAN ESTATES IL 60185-1323



2. Principal Place of Business: 21 1441 Tamiami Trail, Rm 611
22 Suite, Apt. #, etc.
23 City & State: Port Charlotte, Florida
24 Zip: 33948
25 Country

3. Date Incorporated or Qualified: 06/19/1990
3a. Date of Last Report: 04/30/1996
4. FEI Number: 36-3705492
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MANICK, RICHARD
407 JAPURA STREET
PORT CHARLOTTE FL 33980

10. Name and Address of New Registered Agent
81 Name: Carol Manick
82 Street Address (P.O. Box Number is Not Acceptable): 407 Japura Street
83
84 City: Punta Gorda FL 85 Zip Code: 33983

11. Pursuant to the provisions of Sections 607.0502 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: *Carol Manick* Vice president - Carol Manick DATE: 3/29/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, ROBERT	
STREET ADDRESS	4154 PORTAGE LANE	
CITY- ST- ZIP	HOFFMAN ESTATES IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANICK, CAROL	
STREET ADDRESS	407 JAPURA	
CITY- ST- ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANICK, RICHARD	
STREET ADDRESS	407 JAPURA	
CITY- ST- ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALEXANDER, CYNTHIA	
STREET ADDRESS	4154 PORTAGE LANE	
CITY- ST- ZIP	HOFFMAN ESTATES IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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 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 on an attachment with an address.

SIGNATURE: *Cynthia Alexander* Cynthia Alexander Treasurer 3/29/97 847-359-0054

CR2E034 (9/96)