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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(7)

 Corporation Name BAF COMMUNICATIONS CORPORATION

Principal Place of	Business	Mailing Address							
316 NORTHST SANFORD FL		316 NORTHSTAR SANFORD FL 32							
					3. Date Incorporated or Qualified 07/17/1992				
		2a. Mailing Address				4. FEI Number		A	plied For
2. Principal Piaci	e of Business	26				04-2862129		No	ot Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc	c.		.,.,	5. Certificate of Status Desired			Additional equired
2 Challe		City & State				6. Election Campaign Financing		\$5.00	May Be
Orty & State		28				Trust Fund Contribution			to Fees
Zip	Country	Zφ		Country		8. This corporation has liability for i	ntangible tax	under sill	199.032.
]	25	29	30				□ No		
1	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New F	egistered A	gent	
				81	Name				
	RPORATION SYSTEM			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				83	T				
PLANIA	1110N FL 33324							85 Zip	Code
				84	City		FL	65 2.10	Çede
	ignative, typed or printed have a fregories of agin	Cantilor and later ND DIRECTORS		19094 A.B.	et supration require	ADDITIONS/CHANGES TO OFF	DATE ICFRS AND	DIRECTOR	RS IN 12
12.	PCDT	DELETE							
TITLE	ANGELAKIS, CHARLES G.			I THILF] Change	Addition
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		R.	1	2 NAME	i i			_} Change	
	345 PLANTATION CLUB D	R]	2 NAME 13 STREE	LADORESS			} Change	
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CITY-ST-ZIP	345 PLANTATION CLUB D DEBARY FL 32713 VD		E	2 NAME 13 STREE 14 CHY -	LADORESS ST-ZIP				Addition
CITY-ST-ZIP TITLE NAME	345 PLANTATION CLUB D DEBARY FL 32713 VD KING, ROBERT	DELETE	E :	2 NAME 1 3 STREE 1 4 CHY - 2 1 THEE 2 2 NAME	LADORESS ST-ZIP				Addition
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)fk). 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

5 4 CITY - \$1 - 7IP

6.3 STREET ADDRESS

64 CITY - ST. ZIF

6 1 TI"LE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition

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