

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000048430 (1)**

1. Corporation Name  
**BAD MOOD, INC.**



Principal Place of Business      Mailing Address  
~~226 N MAGNOLIA AVE~~      ~~226 N MAGNOLIA AVE~~  
~~SUITE A~~      ~~SUITE A~~  
~~ORLANDO FL 32801~~      ~~ORLANDO FL 32801~~  
~~US~~      ~~US~~

2. Principal Place of Business      2a. Mailing Address  
21 **223 NORTH MAGNOLIA AVENUE**      26 **223 NORTH MAGNOLIA AVENUE**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State:      City & State:  
23 **ORLANDO, FL. 32801.1800**      28 **ORLANDO, FL.**  
Zip      Zip      Country      Country  
24 **32801.1800**      25 **USA**      29 **32801.1800**      30 **USA**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/06/1993**      **01/13/1995**  
4. FEI Number      Applied For  
**59-3189232**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution            **\$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  
**DONALDSON, MICHAEL**  
~~226 N MAGNOLIA AVE~~  
~~SUITE A~~  
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent  
81 Name      **MICHAEL DONALDSON**  
82 Street Address (P.O. Box Number is Not Acceptable)      **223 NORTH MAGNOLIA AVENUE**  
83        
84 City      **ORLANDO**      FL      85 Zip Code      **328011800**

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      *Michael Donaldson*      **MICHAEL DONALDSON, DPT**      **01/23/96**  
Signature of Registered Agent (Required for Agents Other than Officers and Directors)      (Title - Registered Agent Signature Required When Filing)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>DONALDSON, MICHAEL</b>	
STREET ADDRESS	<del>226 N MAGNOLIA AVE</del>	
CITY-ST-ZIP	<del>ORLANDO FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MICHAEL DONALDSON</b>	
1.3 STREET ADDRESS	<b>223 NORTH MAGNOLIA AVENUE</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32801.1800</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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:      *Michael Donaldson*      **01/23/96**      **407.246.0072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      Daytime Phone #

CR2E034 (12/95)