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**Jun 03 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 # P93000048430 (1)

1. Corporation Name
BAD MOOD, INC.



Principal Place of Business: **223 NORTH MAGNOLIA AVENUE ORLANDO FL 32801-1800 US**
Mailing Address: **223 NORTH MAGNOLIA AVENUE ORLANDO FL 32801-1805 US**

3. Date Incorporated or Qualified: **07/06/1993**
3a. Date of Last Report: **01/30/1996**
4. FEI Number: **59-3189232**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**DONALDSON, MICHAEL
223 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: **DENA M. FORD**
82 Street Address (P.O. Box Number is Not Acceptable): **223 N. Magnolia Ave.**
83 City: **Orlando**
84 City: **Orlando** FL 85 Zip Code: **32801**

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: *[Signature]* DATE: **5-29-97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPT	<input checked="" type="checkbox"/>
NAME	DONALDSON, MICHAEL	
STREET ADDRESS	223 N MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	DENA M. FORD		
13 STREET ADDRESS	223 N. Magnolia Ave.		
14 CITY-ST-ZIP	ORLANDO, FL 32801		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *[Signature]* DATE: **5-29-97**

CR2E034 (9/96)