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Profit Corporation Annual Report



FLORIDA DEPARTMENT OF STATE

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Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000020805 (5)

BAA. INC.

SIGNATURE:

| Principal Place of Business | | | Address | | | 1 SANTINDS IIM JOSES OLDES AND MONEY ON S | ABILA MAM BÁIDI SAIN MAI | ti Kikt indi |
|-----------------------------|---|--|--|--|---|---|--|-----------------------------|
| 1400 ELIZABE West Palm 6 | TH AVE BEACH FL 33401 | | IZABETH AVE PALM BEACH FL | 33401-69 | | | | |
| | | | | | | 3. Date Incorporated or Qualified 03/14/1994 | 3a. Date of Last R 03/14/1996 | eport |
| 2. Principal P | Place of Business | 2a. Mail | ing Address | | | 4. FEI Number 65-0498548 | | oplied For of Applicable |
| Suite, Apt | #, etc | | e, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | | | | | Fee Re | beriupe |
| City & Stat | е | 28 City | & State | • | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 | May Be to Fees |
| Zφ | Country | Zip | | Country | · • · · · | 8. This corporation has liability for in | 11000 | |
| 24 | 25 | 29 | | 30 | | Florida Statutes | Yes No | . 100.002, |
| | 9. Name and Address of Current | Registered | Agent | | | 10. Name and Address of New Reg | lstered Agent | |
| | IGMO, BRADLEY K | | | 81 | Name | | | |
| | 0 ELIZABETH AVE ST PALM BEACH FL 33401 | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | e) | |
| VIE | OI FALM DEAUTIFE SOUT | | | 83 | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | 04 | Oit. | | lee I 7:- | Codo |
| | | | | 84 | City | | FL 65 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.15 | 08, Florida Statu | ites, the above | named cor | poration submits this statement for the partition's board of directors. I hereby accept | urpose of changing it | s registered |
| agent La | am familiar with, and accept the obliga | tions of, Sec | tion 607.0505, F | lorida Statutes | trie corpora i. | mon's board or directors. I hereby accep | i the appointment as | registered |
| SIGNATURE | | | | | | ************************************** | | |
| 12. | Stgoatize, typed or purified name of registered agen OF FICERS AND | | | 13. | ni signature requ | ired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE FRS AND DIRECTOR | S IN 12 |
| TITLE | PTD | DINEOTOTI | DELETE | 1.1 TITLE | | ADDITIONO OF INTELLED TO OFFICE | Change | Addition |
| NAME. | LANGMO, BRADLEY K | | | 1.2 NAME | | | - | |
| STREET ADDRESS | 1400 ELIZABETH AVE | | | 1.3 STREET | ADDRESS | | | |
| CHTY+ST+ZIP | WEST PALM BEACH FL 33401 | | | 1.4 City - S | T-21P | | | |
| TITLE | VD | | [] DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | LANGMO, ANNA P | | | 2.2 NAME | | | | |
| STREET ADDRESS | 1400 ELIZABETH AVE WEST PALM BEACH FL 33401 | | | 2.3 STREET | | | | : |
| CrTY+ST+ZIP TITLE | SD SD | | DELETE | 2. 4 CITY - S 3.1 TITLE | ST - ZiP | 19991818 | Change | Addition |
| NAME | LANGMO, ALEXANDRIA A | | | 3.2 NAME | | | C. Criange | |
| STREET ADDRESS | 1400 ELIZABETH AVE | | | 3.3 STREET | ADDRESS | | | |
| C-TY - S1 - ZIP | WEST PALM BEACH FL 33401 | | | 3.4. CITY - 5 | ST-21P | | | |
| THE | | | DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | 4.3 STREET | address | | | |
| CITY - ST - ZIP | ************************************** | | DELETE | 4.4 CITY - S | T-21P | | TTA: | (1) (1) |
| TILLE | | | DELETE | 5.1 TITLE | | | L Change | L. Addition |
| NAME STREET ADDRESS | | | | 5.2 NAME 5.3 STREET | ADDRESS | | | |
| C(TY+ST-7)P | | | | 5.4 City-S | | • | | |
| TILE | | | DELETE | 6.1 TITLE | , 411 | | ☐ Change | ☐ Addition |
| NAME | | | | 6.2 NAME | | | - | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | | | |
| CITY - ST - 7IP | | | | 6.4 CITY - S | | | | |
| 14. I do herel informatio | by certify that the information supplied on indicated on this annual report or sufficer or director of the corporation | with this filir optomental he receiver | ng does not qua annual report is or trustee empo | lify for the exe true and accu wered to exec | mption state trate and that ute this reno | d in Section 119.07(3)(i), Florida Statutes it my signature shall have the same legal ort as required by Chapter 607, Florida S | I further certify that effect as if made un- latures; and that my re | the der oath; that |
| appears i | in Block 12 or Block 13 if changed, or | apaltact | ment with an ac | dress. | | | | |