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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE:

SIGNATURE AND TYPED OF

	996		CORPORATIO					
DOCUM 1. Corporation h	Name	0032371 (4))					
BAD HA	TT VENTURES, INC.							
Principal Place o	of Business	Mailing Address				is Bülit dájda jund þ	330 (1911 1 000) (1901 1901	
% ROBERT L.	= :	% ROBERT L. NORTON						
121 MAJORCA AVE. CORAL GABLES FL 33134		121 MAJORCA AVE. Coral Gables FL 33134			Date Incorporated or Qualified	3a. Date of	Last Report	
001412 011022	• • • • • • • • • • • • • • • • • • • •				04/29/1994		1/1995	
Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
		26		\$8.75 Aric		Not Applicable 8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	<u> </u>	Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be		
		Zip Country			Trust Fund Contribution Adjed to Fees 8. This corporation has liability for intangible tax under s 199.032,			
Zip Country		Zip Country 30			Florida Statutes			
L	9. Name and Address of Curren			r	10. Name and Address of New	Registered Age	ent	
			81	Name				
	, robert L		82 Street Ad		ress (P.O. Box Number is Not Accept	able)		
	ORCA AVE. BABLES FL 33134	8:			■■ 85 Zip Code			
CORAL	MADLES PL 33134			City				
			ţ	re-named corporation submits this statement for the purpose of changing its registered office				
Signature, appear of printed flat of the print			OTt: Registered Age	nt signature require	ed when reinstating: ADDITIONS/CHANGES TO O	DATE FFICERS AND DI	IRECTORS IN 12	
i 2. IILE	PIT	T pricts			President / TRLA	S. O. LOS	Change Addition	
IAME	NORTON, ROBERT L		1.2 NAME		PRISIDED / JICH	WKKK		
THEET ADDRESS	121 MAJORCA AVE.			1 ADDRESS				
ITLY-ST-ZIP	CORAL GABLES FL 33134	CORAL GABLES FL 33134		ITY-ST-ZIP Change		Change		
IAME	HOOG, JESSE'S A		22 NAME	ļ				
STREET ADDRESS	12/ MAJOROA AYE.			T ADDRESS				
ITY-ST-ZIP	PORAL GABLES FL 33134	DELETE	24 CITY - 3 1 TITLE	ST-ZIP	DOCIDEN	- / R	Change Addition	
ITLE Jame	S/VP ROBINSON, JAMES		3.2 NAME		VICE PRESIDENT SCENIOTALY			
TREET ADDRESS	121 MAJORCA AVE.		3 3. STRE	ET ADDRESS	Seekerning			
CITY - ST-ZIP	CORAL GABLES FL 33134		3 4 CITY-				Charge Addition	
ITLE		☐ DELETE	4 1 TITLE 4.2 NAME				Star go D Madition	
NAME				T ADDRESS				
STREET ADDRESS DITY-ST-ZIP			4.4 CITY -	!				
1)LF		DELETE	5 1 TITLE				Change Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.4 CITY	ET ADDRESS				
CITY - S1 - ZIF T-TLE		5. DELETE 6					Change	
NAME		_	6.2 NAME					
SZARDCA FARR			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP	by certify that the information supplied	with this filing is valuntarily 6.	6.4 City		for the exemption stated in Section	119.07(3)(k), Florid	da Statutes. I further	
oath; that appears in	by certify that the information supplied the information indicated on this ann I am an officer or director of the corp n Block 12 or Block 13 if changed or	wait this hing is voluntally to lual report or supplemental ar dation or the receiver or trust on an attachment with an Ju	inual report is to tee empowered dress.	rue and accu d to execute t	rate and that my signature shall have this report as required by Chapter 607	the same legal et , Florida Statutes	ifect as if made unde s; and that my name	

OF SIGNING OFFICER OR DIRECTOR

305 - 445-1801 Daytine Finance #