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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000032737**

1. Corporation Name

SIGNATURE:

W. J. BAUER INCORPORATED

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Principal Place	e of Business	Ma	ailing Address					(1001100111011101111111111111111111111	. 4/41/ 001// 00			
1500 W FAIRBA		POI	B 1659				ľ					
WINTER PARK	FL 32789	DE	STIN FL 32540-1659				1	_		W W		
US							 -	<u> </u>	O NOT WRI		SPACE	
								3. Date Incorporated 04/27/1994	or Qualited			·
2. Principal P	lace of Business	<u> </u>	Mailing Address					4. FEI Number				Applied For
21	<u> </u>	26		<u>- · · · · </u>				<u>59-3253275</u>			1	Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				1	5. Certificate of Status	s Desired			5 Additional
22		27										Required
City & State	re e	<u> </u>	City & State				ľ	6. Election Campaign	-		•	00 May Be
23		28			 -			Trust Fund Contrib				ed to Fees
Zip	Country	<u> </u>	Zip		untry		1	8. This corporation of		rent year In		
24	25	29		30	_			Personal Property			Yes	<u>No</u>
	9. Name and Address of Curr	rent Regis	tered Agent		100			10. Name and Addre	ss of New I	Registered	Agent	
NDAI	I SERVICES, IN.				81	Name						
ł	E. PARK AVE				82	Street A	ddress	(P.O. Box Number is	Not Accept	able)		
								<u> </u>	<u> </u>			
STE					83							
IALL	AHASSEE FL 32301				84	City					85 2	ip Code
					••	City				FL	_ 85 -	ip code
11. Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508, Florida Stati	utes, the a	bove	-named c	orpora	tion submits this stater	nent for the	purpose of	changing	its registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florid	la. Such change was Section 607 0505 F	authorize Iorida Stat	d by t lutes	the corpor	ration's	board of directors. I h	ereby acce	pt the appo	intment as	registered
agam. ra	in lamina was, one accept the con	guarity of	. 00011011 001.0000, 1			•						
SIGNATURE	Signature, typed or printed name of registered a	agent and title	f applicable. (NO	TE: Registere	d Agent	t signature re	quired wh	en reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS			TE: Registere		t signature re	quired who	en reinstating) ADDITIONS/CHANG	SES TO OF		ND DIREC	TORS IN 12
						t signature re-	quired who		SES TO OF		ND DIREC	
12.	OFFICERS		CTORS	13.		t signature re	quired who		SES TO OF			
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14. I 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 stranged, or on an attantement with an address, with all other like empowered.