

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 12: 15

DOCUMENT # P94000041007 (3)

1. Corporation Name

B.A.L. ENTERPRISES INCORPORATED

Principal Place of Business

Mailing Address

18 GOLF COTTAGE DRIVE  
NAPLES FL 33999

18 GOLF COTTAGE DRIVE  
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/27/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUNDSTROM, BRAD A  
18 GOLF COTTAGE DRIVE  
NAPLES FL 33999

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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

*Brad Lundstrom*

Brad Lundstrom

3/9/95

Signature of and a printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: LUNDSTROM, BRAD A  
STREET ADDRESS: 18 GOLF COTTAGE DR  
CITY - ST - ZIP: NAPLES FL 33999

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY - ST - ZIP:

TITLE:   
NAME: BOB LUNSTRUM  
STREET ADDRESS: 18 GOLF COTTAGE DR  
CITY - ST - ZIP: NAPLES, FL. 33999

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY - ST - ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 each 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 in an attachment with an address.

SIGNATURE:

*Brad Lundstrom*

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

X 3/8/95 X 813-434-0658