FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042996 (6)

BAILEY ENTERPRISES, INC.

SIGNATURE

Principal Place	of Business	Mailing Address			F INDIANO UN INIA DENIA DENIA HOLLE SOLI	A WWALL WEIGHT FA	/### IWIIW IWIIW	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4996 S ORANGI ORLANDO FL 3		4836 S ORANGE AVE ORLANDO FL 32808-6833						
US		US		3. Date Incorporated or Qualified 3a. Date of Last Report 05/05/1994 05/31/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			plied For
21	LANCE AND	26			59-3273732			t Applicable
Suite, Apt. : 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	30	ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes □ No			
24	25 29 29 9. Name and Address of Current Registered Agent			Florida Statutes Yes LJ No 10, Name and Address of New Registered Agent				
DI#		it nogratored regent		B1 Name			-	
	ey, arthur l Bayfront Pkwy			20 0	20 0 B- N 1 N- 1	h l a V		
	ANDO FL 32806			82 Street Add	dress (P.O. Box Number is Not Accepta	ole)		
0.12	W.D.O. 12 42444			83				
				84 City			85 Zip (Code
						<u>FL</u>		
office or re	io the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	s authorize	d by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appo	changing its	registered
SIGNATURE:		710°	OTE Desiglates	Anget signatura ton	uired when reinstating)	DATE		
12.	Signature, typed or picetied name of registered agr OFFICERS AN	D DIRECTORS	13.	a Agent signature requ	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
TITLE	DPST	DELETE	1.1 TO	TLE .			Change	Addition
NAME	BAILEY, ARTHUR L		12 N	AME				
STREET ADDRESS	4006 BAYFRONT PKWY		1.3 \$1	REET ADDRESS	ı			
CITY-SI-7P	ORLANDO FL 32806		1.4 C	TY-ST-ZIP				
THUE		DELETE	2.1 TI	··· ···			Change	Addition
NAME			2.2 N	AME				
STREET ADDRESS			2.3 \$1	REET ADDRESS				
CITY - S1 - ZIP	I		2.40	ITY-ST-ZIP				
TITLE			3171	TLE			Change	Addition Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 \$	REET ADDRESS				
CHTY+S1-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TI				Change	Addition
NAME			4. 2 h	····				
STREET ADDRESS				FREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	~~~~	TY-ST-ZIP			Change	☐ Addition
TITLE			5.1 TI 5.2 N				Change:	Nacintel
NAMÉ				TREET ADDRESS				
STREET ADORESS								
GHY+S1+ZIP TITLE		DELETE	5.4 C	TEF	i		Change	Addition
NAME		Dece (L	6.2 N		!			
STREET ADDRESS			I.	TREET ADDRESS				
				ITY-ST-ZIP				
CITY-ST-ZIF 14. I do herel	Ly certify that the information supplie	ed with this filling does not au	alify for the	exemption stat	ed in Section 119.07(3)(i), Florida Statut	es. I further	r certify that	the
informatio	on inconsted on this annual report or	supplemental annual report is The receiver or trustee emp	s true and owered to	accurate and th	at my signature shall have the same leg ort as required by Chapter 607, Florida	ial effect as	s it made un	ider oath: that