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FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000047461 (6)

1. Corporation Name
B.A.D. ASSOCIATES, INC.



Principal Place of Business
**5301 N.E. 18TH AVE.
SUITE 2
FT. LAUDERDALE FL 33334**

Mailing Address
**5301 N.E. 18TH AVE.
SUITE 2
FT. LAUDERDALE FL 33334-5852**

3. Date Incorporated or Qualified
07/01/1994

3a. Date of Last Report
04/18/1996

2. Principal Place of Business
21 9717 S.W. Scory Lane

2a. Mailing Address
26 9717 S.W. Scory Lane

4. FEI Number
65-0518065

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 Stuart FL.

City & State
28 Stuart FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 34997

Country
25 Martin

Zip
29 34997

Country
30 Martin

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUBREE, ROBERT H SR
5301 N.E. 18TH AVE.
SUITE 2
FT. LAUDERDALE FL 33334**

81 Name
ROBERT H. DUBREE Sr.
82 Street Address (P.O. Box Number is Not Acceptable)
9717 S.W. Scory Lane
83
84 City
Stuart

FL 85 Zip Code
34997

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 *Robert H. DuBree, Jr.*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4-21-97

12. OFFICERS AND DIRECTORS

TITLE
D ☒ DELETE
NAME
DUBREE, BARBARAANNE
STREET ADDRESS
5301 N.E. 18TH AVE., SUITE 2
CITY-ST-ZIP
FT. LAUDERDALE FL 33334

TITLE
D ☒ DELETE
NAME
DUBREE, ROBERT H SR
STREET ADDRESS
5301 N.E. 18TH AVE., SUITE 2
CITY-ST-ZIP
FT. LAUDERDALE FL 33334

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
P/D ☒ Change ☐ Addition
1.2 NAME
BARBARAANNE DuBREE
1.3 STREET ADDRESS
9717 S.W. Scory Lane
1.4 CITY-ST-ZIP
Stuart FL. 34997

2.1 TITLE
T/D ☒ Change ☐ Addition
2.2 NAME
ROBERT H. DuBREE Sr.
2.3 STREET ADDRESS
9717 S.W. Scory Lane
2.4 CITY-ST-ZIP
Stuart FL. 34997

3.1 TITLE
☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *BarbaraAnne DuBree*

4/21/97 561-210-8687

CP2E034 (9/96)