

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000048462 (3)**

1. Corporation Name  
**BAKOLIA & ASSOCIATES, INC.**



Principal Place of Business

~~5198 OVERSEAS HWY.  
MARATHON FL 33050~~

Mailing Address

~~5800 OVERSEAS HWY.  
SUITE 40  
MARATHON FL 33050~~

3. Date Incorporated or Qualified **06/24/1994** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business  
21 **815 Palmetto Ave**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **PO BOX 510608**  
Suite, Apt. #, etc.

4. FET Number **APPLIED FOR 650612683** Applied For  
Not Applicable

22 **Melbourne FL**  
City & State

27 **Melbourne Beach FL**  
City & State

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

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

24 **32901** 25 **Brevard**

29 **32951** 30 **Brevard**

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

9. Name and Address of Current Registered Agent

~~FRANKLIN D. GREENMAN, P.A.  
5800 OVERSEAS HWY.  
SUITE 40  
MARATHON FL 33050~~

10. Name and Address of New Registered Agent

81 Name **Stacey Orton Bakolia**  
82 Street Address (P.O. Box Number is Not Acceptable) **3735 S HWY A1A**  
83 ~~FR~~  
84 City **Melbourne Beach FL** 85 **32951**

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 *Stacey Orton Bakolia President*

**9-1-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKOLIA, STACEY O</b>	
STREET ADDRESS	<b>5198 OVERSEAS HWY.</b>	
CITY - ST - ZIP	<b>MARATHON FL 33050</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>STACEY ORTON BAKOLIA</b>	
3. STREET ADDRESS	<b>3735 S HWY A1A</b>	
4. CITY - ST - ZIP	<b>MELBOURNE BEACH FL 32951</b>	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Stacey Orton Bakolia President*

**9-1-96 407 724 2536**

CR2E034 (12/95)