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

PROFIT
CORPORATION
ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400061854 (3)

BYE & BYE ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | | | | |
|--|--|---|-----------------------|--|--|--|---|
| 1208 E VINE ST KISSIMMEE FL 34744 US | | 1208 E VINE ST Kissimmee fl 34744-3546 Us | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/16/1994 | 3a. Date of Last f 06/05/1996 | Report |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | A | pplied For |
| 21 26 Suite, Apt. #, etc. Suite | | | Suite, Apt. #, etc. | | 59-3263660 | | lot Applicable |
| - | | 27 Soite, Apr. #, etc. | — | | 5. Certificate of Status Desired | | Additional tequired |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip Country | | Zip | Zip Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 | 29 | 30 | | Florida Statules Yes No | | |
| DVE | 9. Name and Address of Curren | Registered Agent | 8 | Name | 10. Name and Address of New Re | gistered Agent | |
| | I, DEBORAH E 8 E VINE ST | | | | | | |
| | SIMMEE FL 34744 | | 8: | Street A | t Address (P.O. Box Number is Not Acceptable) | | |
| , , , , | | | 8: | 3 | | | |
| | | | 8 | City | | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statu | les, the abo | J ∕e-named d | corporation submits this statement for the | | its registered |
| office or r | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was | authorized b | v the corp | oration's board of directors. I hereby acce | pt the appointment as | s registered |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered age- | | | gant signature r | required when reinstating) | DATE | 50.01.46 |
| 12. TITLE | OFFICERS AND DIRECTORS DELETE | | 13. 1.1 Till LE | Т | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTOR | Addition |
| NAME | BYE, DEBORAH E | | 1,2 NAME | | | Una change | ☐ Youthou |
| STREET ADDRESS | 4204 FORT COURAGE CIRCLE | | 1.3 STREET | | 2971 RED OAK DR | | |
| CITY-ST-ZIP | KISSIMMEE FL | | 1.4 City - \$1 - ZiP | | 2971 RED OAK DR Kissimmet FL 347 | 44 | |
| TITLE | DELETE | | 2.1 TITLE | | | Change Change | Addition |
| NAME | BYE, RICHARD | | 2.2 NAME | | 2 | . , | |
| STREET ADDRESS | 4204 FORT COURAGE CIRCLE | | 2.3 STREE | 1 ADDRESS | 2971 RED OAK DR | | |
| CITY-ST-ZIP | KISSIMMEE FL | | 2. 4 CITY | - S1 - ZIP | KISSIMMEE PL 3474 | * | |
| TITLE | OTADY DAINA A | DELETE | 3.1 TITLE | | | L Change | Addition |
| NAME | STARK, PAULA A 109 ORANGE AVE | | 3 2 NAME | | | | |
| STREET ADDRESS | ST CLOUD FL | | | 1 ADDRESS | | | |
| CITY-ST-ZIP TITLE | S | DELE1E | 3.4 CITY 4.1 TITLE | -S1-ZIP | | Change | Addition |
| NAME | STARK, TIMOTHY B | | 4. 2 NAM | : | | E ondings | |
| STREET ADDRESS | 109 ORANGE AVE | | | T ADDRESS | | | |
| CITY-ST-ZIP | ST CLOUD FL | | 4.4 CITY- | 1 | | | 14 |
| TITLE | | DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | T street | 5.4 CITY- | ST-7IP | | —————————————————————————————————————— | 7 |
| TITLE NAME | | DELETE | 6.1 TITLE 6.2 NAME | 1 | | ☐ Change | Addition |
| | I . | | ■ 0.Z NAME | | | | |

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.

6.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

AND AND IN SE BURE

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400-447-3700

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Apr 30 1997 8:00am

Secretary of State

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