

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000093033 (6)

1. Corporation Name

BARE BONES TRADING COMPANY, INC.



Principal Place of Business

1515 N. FEDERAL HWY.
SUITE 211
BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HWY.
SUITE 211
BOCA RATON FL 33432-1852

3. Date Incorporated or Qualified 01/02/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0590515
Applied For Not Applicable

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

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

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

2. Principal Place of Business

21 700 W. Hillsboro Blvd

Suite, Apt. #, etc.

22 Bldg #3, Suite 101

City & State

23 Deerfield Bch, FL

Zip

24 33441

Country

25 USA

2a. Mailing Address

26 700 W. Hillsboro Blvd

Suite, Apt. #, etc.

27 Bldg #3, Suite 101

City & State

28 Deerfield Bch, FL

Zip

29 33441

Country

30 USA

9. Name and Address of Current Registered Agent

PAIGE, GREGORY
1515 N. FEDERAL HWY.
SUITE 211
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name GREGORY L. PAIGE
82 Street Address (P.O. Box Number is Not Acceptable) 700 W. Hillsboro Blvd.
83 Bldg #3, Suite 101
84 City Deerfield Bch, FL FL 85 Zip Code 33441

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST <input type="checkbox"/> DELETE	1.1 TITLE	P.D.S.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIGE, GREGORY	1.2 NAME	PAIGE, GREGORY L.
STREET ADDRESS	1515 N. FEDERAL HWY., SUITE 211	1.3 STREET ADDRESS	700 W. Hillsboro Blvd, Bldg #3, S-101
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	Deerfield Bch, FL 33441
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

934-418-8601

Date

Daytime Phone #

CR2E034 (9/96)