

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019539 (2)

1. Corporation Name

BAIDEK & CO., INC.

Principal Place of Business

33 CIMMARON DRIVE
PALM COAST FL 32137

Mailing Address

33 CIMMARON DRIVE
PALM COAST FL 32137



3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

4. FEI Number

65-0583716

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BAIDEK, LIDIA
4 CARLSON LANE
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

ODUDARTSEV, ANATOLI

82 Street Address (P.O. Box Number is Not Acceptable)

33 CIMMARON DRIVE

83

84 City

Palm Coast

FL

85

Zip Code

32137

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, 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 607.0705, Florida Statutes.

SIGNATURE

A. Oudartsev

2/26/96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reappointing)

DATE

TITLE	P	<input type="checkbox"/> DELETE
NAME	Baidek, Lidia	
STREET ADDRESS	33 Cimmaron Dr	
CITY - ST - ZIP	Palm Coast FL 32137	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ODUDARTSEV, ANATOLI	
STREET ADDRESS	33 CIMMARON DR.	
CITY - ST - ZIP	Palm Coast FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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:

A. Oudartsev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

904-445-4587

Daytime Phone #

CR2E034 (12/95)