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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058361

1. Corporation Name BALRAM, INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90007 019 ***150.00



	·								
Principal Place of Business Mailing Address					1144114411	16 (6) 6) 6) III 66111 961	.11 89121 99191 9	1181 18188 1111	
1050,10TH PLACE 1050 10TH PLACE VERO BEACH FL 32960 VERO BEACH FL 32960				DO NOT WRITE IN 1			ΓΕ IN THIS:	SPACE	
•		•			3. Date Incorpor 07/28/199				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			_ ⊢-	oplied For
26						<u>'1</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ '		5. Certificate of S	Certificate of Status Desired Sequired \$8.75 Additional Fee Required			
City & State		City & State	, ·			paign Financing ontribution	g \$5.00 May Be Added to Fees		
Zip	Country 25	Zip 30	Country	~	8. This corporation owes the current year in Personal Property Tax.			angible Yes	No No
<u> </u>	9. Name and Address of Current		'		10. Name and A	ddress of New R	egistered F	Agent	
LAMB, RICHARD L				Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
1517 20TH ST			82	82 Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH FL 32961-6704									
				City			FL		Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	iorized by	the corbo	rporation submits this t tion's board of director	statement for the s. I hereby accep	purpose of out the appoin	changing its itment as re	s registered egistered
SIGNATURE	Charles of property of propert	and title if applicable (NOTE: Re	anietered Anei	nt signatura re	ired when reinstating)		DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist 12. OFFICERS AND DIRECTORS				it signata o to		HANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	BALRAM, DAVID D								
STREET ADDRESS	241-4200 N.W. 3RD CT		1.3 STREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL 33317			T-ZIP					
TITLE	ST DELETE		2.1 TITLE					☐ Change	Addition
NAME	BALRAM. BILL H	· ·	2.2 NAME	Ì					
STREET ADDRESS	241-4200 N.W. 3RD CT		2.3 STREE	T ADDRESS					
STREET ADDRESS 241-7200 11.71. STID OT			I						

PLANTATION FL 33317 2. 4 CITY-ST-ZIP ■ Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TTLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: