SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000062356 (7) DOCUMENT # BAKAN INC. Mailing Address Principal Place of Business 4101 NORTH OCEAN BLVD. #16 4101 NORTH OCEAN BLVD. #1603 BOCA RATON FL 33431 **BOCA RATON FL 33431** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/11/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country 🗍 Yes 🔀 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENGIŞU, DOGAN Street Address (P.O. Box Number is Not Acceptable) 82 4101 NORTH OCEAN BLVD. #704 **BOCA RATON FL 33431** 83 85 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable (3/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE TITLE 1.2 NAME BABACAN, MEHMET O NAME 4101 NORTH OCEAN BLVD. #1603 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** Change \_\_\_\_ Addition CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME AKKAN, MURAT NAME 4101 NORTH OCEAN BLVD. #1603 2 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 32 NAME BABACAN, TIMUCIN NAME 4101 NORTH OCEAN BLVD. #1603 3 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 3 4. CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 HITLE TITLE 5 2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST- ZIP CITY-ST-ZIF Change \_\_\_\_ Addition DELETE 6.1 TITLE TITLE 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 64 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 unther 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 617. Florida Statutes, and that my name appears in Biock 12 or Block 13 if changed or on an attachment with an address

(407)394-2819