

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000076821 1. Corporation Name BAVARIAN COLONY INC.			
Principal Place of Business 3266 N.W. FEDERAL HWY. TREASURE COAST SQ. MALL. JENSEN BEACH, FL 34957		Mailing Address 3266 N.W. F HWY. TREASURE COAST SPANGL JENSEN BEACH, FL 34957	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10-18 95	3a. Date of Last Report 5-1-1996
22	27	4. FEI Number 65-0613763	Applied For Not Applicable
23	28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent BEKIARIS B. George 3126 SW 20TH TER APT A2 DELRAY BEACH, FL 33445		10. Name and Address of New Registered Agent	
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.		12. OFFICERS AND DIRECTORS	
SIGNATURE [Signature]		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP 2. TITLE NAME STREET ADDRESS CITY, ST, ZIP 3. TITLE NAME STREET ADDRESS CITY, ST, ZIP 4. TITLE NAME STREET ADDRESS CITY, ST, ZIP 5. TITLE NAME STREET ADDRESS CITY, ST, ZIP 6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.		800002137228 -04/08/97--01003--012 ***165.00	
SIGNATURE: [Signature]		Date	

CR2E034 (9/96)