

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030948

1. Corporation Name

BAJALIA MARKETING, INC.

Principal Place of Business

 5960 NORMANDY BLVD
JACKSONVILLE FL 32205
US

Mailing Address

 624 BEAUTYREST AVENUE
JACKSONVILLE FL 32205


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

59-3369995

Applied For

Not Applicable

5. Certificate of Status Desired ☐
 \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐
 \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5535 NORMANDY BLVD

2a. Mailing Address

26 5535 NORMANDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FLA.

City & State

28 JACKSONVILLE, FLA.

Zip

24 32205

Country

25 U.S.A.

Zip

29 32205

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

 BAJALIA, LINDA B
624 BEAUTYREST AVENUE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

Ceresham Stoneburner

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

Barnett Center Suite 3300

83 90 McQuire Woods, Bartle & Boothe

84 City Jacksonville

FL

85 Zip Code

32202

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
 NAME BAJALIA, JAMES A.
STREET ADDRESS 624 BEAUTYREST AVENUE
CITY-ST-ZIP JACKSONVILLE FL
TITLE VP ☐ DELETE
 NAME BAJALIA, JAMES A.
STREET ADDRESS 624 BEAUTYREST AVENUE
CITY-ST-ZIP JACKSONVILLE FL
TITLE ☐ DELETE
 NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/99

Daytime Phone #

904-786-5327

CR2E034 (11/98)