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 # **P96000032846**1. Corporation Name

BAX & ASSOCIATES, INC.

Principal Place of Business	Mailing Address				
6565 GULF SIDE ROAD	6565 GULF SIDE ROAD				
LONG BOAT KEY FL 34228	LONG BOAT KEY FL 34228				

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90068 010 ***150.00



Principal Plac	e of Business	Mailin	g Address								
6565 GULF SIDE ROAD			BULF SIDE ROAD							•	
LONG BOAT K	EY FL 34228	LONG	BOAT KEY FL 3422	8			DO NOT W	RITE IN THIS	SPACE		
							3. Date Incorporated or Qualife	ed .			7
							04/15/1996				İ
2. Principal P	lace of Business	2a. Ma	ailing Address				4. FEI Number		Ar	pplied For	٦,
21		26					65-066 1988		No.	ot Applicable] :
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional	7
22		27					3. Certificate of Status Desired		Fee Re	equired	╛
City & Stat	e	Ci	ty & State				6. Election Campaign Financin	g ˙ ┌ ˙	\$5.00	May Be	ļ
23		28					Trust Fund Contribution			to Fees	4
Zip	Country	Zip	•	$\overline{}$	intry		8. This corporation owes the co	ırrent year Int	<u> </u>	r=1	
24	25	29		30			Personal Property Tax.	<u> </u>	☐ Yes	□No	
	9. Name and Address of Cu	rrent Registere	ed Agent		81	Name	10. Name and Address of Nev	Registered /	agent		\dashv
AAD H	LIS, HAROLD W JR.		•		"	Name	٠.				-
101 EAST KENNEDY BLVD., SUITE 2700					82 Street Addre		dress (P.O. Box Number is Not Acceptable)				
	PA FL 33602	L 2/00			83		n de la composition della comp	5 - 1 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	11. 1921 97	#1819 E111121	4
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44 5		0502 1 507 -	1500 Flatida Ctatut				oration submits this statement for the	<u> </u>	honging its	registered	4
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. S	Such change was a	uthorized	by th	ne corporatio	on's board of directors. I hereby acc	ept the appoir	itment as re	gistered	
SIGNATURE										2.	
·	Signature, typed or printed name of registered				l Agent s	signature required	when reinstating)	DATE			⊣ 6
12.	·- ·· · · · · · · · · · · · · · · · · ·	AND DIRECT		13.			ADDITIONS/CHANGES TO	FFICERS AN			-
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP