E 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 # P96000048613

1. Corporation Name

BILBAR GROUP INC.

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Principal Place of Business Mailing Address					-	- r innelinnt lin laith aitil mailt Al	IIII OORII OOIII		IN HERMAN KHER HAND
1732 S. CONGRESS AVE. 6442 EMERALD BREEZE WA PALM SPRINGS FL 33461 BOYNTON BEACH FL 33437									
US .						DO NOT WRI	TE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
					••	3. Date Incorporated or Qualifed 06/06/1996	•		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number.		. A	oplied For
21 26				-		65-0674803		N	ot Applicable
Suite, Apt	: #, etc.	Suite, Apt. #, e	–			5. Certifcate of Status Desired			Additional equired
City & State City & State						6 Floation Committee Floration	· · · · · · · · · · · · · · · · · · ·		
23 28						Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	p Country Zip (25 29 30 30)			Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
		Current Registered Agent				10. Name and Address of New F	Registered	Agent	
ΔRF	RAMS, BILL	La Barrella Commence		81	Name				
6442 EMERALD BREEZE WAY				82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
BOYNTON BEACH FL 33437				83			3 1 ,24 , 24 , 3	78175	15 (5 1 1 Par
			-	84	City			85 Zip	Code
market a second	· · · · · · · · · · · · · · · · · · ·				•		FL	11	
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						<u> </u>	٠,		
40	Signature, typed or printed name of regi			\gent	signature required	when reinstating),	DATE		
12.	T =	ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
NAME	D ABRAMS, BILL	DELI	1.1.TTL 1.2 NAM		•	The same that is		☐ Change	Addition
STREET ADDRESS	10 0 1 10 0 110 110 0 1100				ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 3	7.77	1.4 CITY		-ZIP				
TITLE NAME	D Abrams, Barbara	☐ DELE	2.1 TITL		-			☐ Change	Addition .
STREET ADDRESS	O AMA EMERMA PRESERVAN				ADDRESS				·
CITY-ST-ZIP	BOYNTON BEACH FL 3		2.4 CIT			•			.
TITLE	201110112011120	DELE			*215			Change	Addition
NAME: 13			3.2 NAM					☐ Ontarige	
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TITLE		☐ DELE	TE 4.1 TITL	E		1 1 2 2 3 4	1511	Change	Addition
NAME	100 m		4. 2 NAN	Æ		*		-	
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CITY-ST-ZIP			4.4 CITY	-ST-	ZIP				
TITLE *		DELE	TE. 5.1 Tπ.	E				Change	Addition
NAME				E					• • • • • • •
STREET ADDRESS			5.3 STRE	EET#	ADDRESS				

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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90030 006 ***150.00

Change

☐ Addition