

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

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90005 050 ***150.00

DOCUMENT # P 96000065573

Corporation Name

BAL BAY PROPERTIES, INC

Principal Place of Business

Mailing Address

9910 Collins Avenue

BAL HARBOUR, FL 33154

PH 14



612752-90005-50

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/6/96

Principal Place of Business

2a. Mailing Address

26 9910 Collins Ave

4. FEI Number

65-0822795

Applied For

Not Applicable

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

PH 14

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

28 City & State

BAL HARBOUR

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

25

Zip

Country

29 FL 33154 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSEN, RICHARD H
224 BAL BAY DRIVE
BAL HARBOUR FL 33154

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

☐ DELETE

D
OLSEN, JOHN R
224 BAL BAY DRIVE
BAL HARBOUR FL 33154

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

John R. Olsen
JOHN R. OLSEN
President

8/27/99

205-285-0127

Date

Daytime Phone

CR25034 11/08

P966000 65573
612752-90005-50


Florida Department of State
Katherine Harris
Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

August 29, 1999

Please understand that my bookkeeper for this company who is responsible for all my financial affairs including payment of all bills has been on a leave of absence for the last six months. I personally signed the report and returned it to her for payment in April. It was my understanding that annual report was filed, however, based on your second notice it must not have been received. Enclosed please the 1999 corporation annual report as well as the fee of \$150. It would greatly be appreciated if this would be accepted given the extenuating circumstances.

Sincerley,



John Olsen