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Apr 29 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 # P96000069783 (4)

1. Corporation Name
BAD BOY CLASSICS, INC.

Principal Place of Business

6363 N.W. 6 WAY
SUITE 210
FT. LAUDERDALE FL 33309

Mailing Address

6363 N.W. 6 WAY
SUITE 210
FT. LAUDERDALE FL 33309-6136

3. Date Incorporated or Qualified

08/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 2121 Washington St.
Suite, Apt. #, etc.

2a. Mailing Address

26 2121 Washington St.
Suite, Apt. #, etc.

4. FEI Number

65-0690332

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

City & State

23 Hollywood FL

City & State

28 Hollywood FL

Zip

24 33020

Country

25 U.S.

Zip

29 33020

Country

30 U.S.

9. Name and Address of Current Registered Agent

BEMAN, BEN
6363 N.W. 6 WAY
SUITE 210
FT. LAUDERDALE FL 33309

81 Name

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

83

84 City

FL

85

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BEMAN, BEN
STREET ADDRESS
6363 N.W. 6 WAY, #210
CITY-ST-ZIP
FT. LAUDERDALE FL 33309

TITLE ☒ DELETE

NAME
D PORTA, MICHAEL
STREET ADDRESS
6363 N.W. 6 WAY, #210
CITY-ST-ZIP
FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
D DEMERCADO, CHRIS
STREET ADDRESS
6363 N.W. 6 WAY, #210
CITY-ST-ZIP
FT. LAUDERDALE FL 33309

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

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

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Change

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Addition

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Addition

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.

SIGNATURE: [Signature] 4/29/97

CR2E034 (9/96)