

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  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90005 020 \*\*\*158.75

DOCUMENT # P96000069783

1. Corporation Name

BAD BOY CLASSICS, INC.



Principal Place of Business

520 S DIXIE HWY  
HOLLYWOOD FL 33020  
US

Mailing Address

520 S DIXIE HWY  
HOLLYWOOD FL 33020  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

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 owes the current year Intangible  
Personal Property Tax.



Yes No

2. Principal Place of Business

21 5985 SW 44TH ST.

2a. Mailing Address

26 5985 SW 44TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

DAVIE, FL

27 City & State

28 DAVIE, FL

24 Zip

33314

25 Country

US

29 Zip

33314

30 Country

US

9. Name and Address of Current Registered Agent

PORTA, MICHAEL  
520 S DIXIE HWY  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 P  
NAME BEMAN, BENJAMIN  
STREET ADDRESS 520 S DIXIE HWY  
CITY-ST-ZIP HOLLYWOOD FL 33020

DELETE

TITLE V  
NAME DEMERCADO, CHRISTOPHER  
STREET ADDRESS 520 S DIXIE HWY  
CITY-ST-ZIP HOLLYWOOD FL 33020

DELETE

TITLE D  
NAME PORTA, MICHAEL  
STREET ADDRESS 520 S DIXIE HWY  
CITY-ST-ZIP HOLLYWOOD FL 33020

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P  
BEMAN BENJAMIN  
5985 S.W. 44TH ST.  
DAVIE, FL 33314

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D  
DEMERCADO CHRISTOPHER  
5985 SW 44TH ST.  
DAVIE, FL 33314

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

3/31/99 (954) 791-157

CR2E034 (11/98)