FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

NAME

May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000082497 (4) DOCUMENT # **BAKA SERVICES INC.** Principal Place of Business Mailing Address 2213 E. ATLANTIC BLVD. 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33082-5209 POMPANO BEACH FL 33062-5209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0699502 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Ζιρ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HARRIS, TERRENCE J 2213 E. ATLANTIC BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062-5209 83 84 City Zip Code 85 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE Change Addition 1 1 TITLE TITLE HARRIS, TERRENCE J NAME 1.2 NAME 2213 E. ATLANTIC BLVD. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062-5209 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$T-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DÈLETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

FILED

Change

Addition

14. Thereby 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 empoyance of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on an attachment with additional statutes.

SIGNATURE:

5.4 CITY - ST - ZIP

64 City-St-ZIP

6.1 TITLE

6.2 NAME 6.3 Street address

☐ DELETE