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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086623 (1)

BAVARIAN AMERICAN ENTERPRISES, INC.

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								1	r 10015001 Bio sour other born boul	BONI MEMINI	IIIA BIIIA EIIIA	11 <b>00</b> 1111 1001
	t sample ro Jse point fl		2037 EAST SAMPLE ROAD LIGHTHOUSE POINT FL 33064				DO NOT WRITE IN THIS SPACE					
								3.	Date Incorporated or Qualified			[
2 Principal	Place of Busin	2a Mailing	, Mailing Address				_	10/21/1996 FEI Number		TA	oplied For	
21	r ideo or basii	N33	26	F				"	65-0701019		_ <del>  _ + </del>	ot Applicable
Suite, Apt	t #, etc.		Suite, Apt. #, etc.				<del> </del>				Additional	
22		27	27				5.	Certificate of Status Desired		Fee Re		
City & Sta	ste	City &	City & State					Election Campaign Financing			May Be	
23				Zip Country				Trust Fund Contribution				
Zip							8. This corporation owes or has portion of the personal Property Tax due June					
24 25 29 30 30 9. Name and Address of Current Registered Agent							<u></u>		Name and Address of New Re			7 140
							Name			<u> </u>		
Barth, Erik W 3948 NW 6TH ST						82	Street Addre	trace (P.O. Pay Number is Not Assentable)				
SUITE 208						82	Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BCH FL 33442						63			<del></del>			
							City				<b>85</b> Zip	Code
						84	Oity	_		FL	03 ZIP	
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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											s registered registered	
SIGNATURE												
Signature, typod or printed name of registered agent and title if applicable (NOTE: Register							nt signatura required		· · · · · · · · · · · · · · · · · · ·	DATE		
12.		OFFICERS	AND DIRECTORS	DELETE	13.	1.5		A	ADDITIONS/CHANGES TO OFFI	CERS AND	Change	S IN 12
NAME	D	H, ERIK W		L.J Decerie	1 2 NA						Onlingo	L regulation
STREET ADDRESS		MAD	1.3 STREE			ANDRESS					ļ	
						1.4 CITY-ST-ZIP						
TITLE	EIGHTI	HOUSE FORTH TE		DELETE	2.1 7/1	_	,-2,,				Change	Addition
NAME	1				2.2 NA	ME						}
STREET ADORESS				2.3 S			2.3 STREET ADDRESS					
CITY-ST-ZIP	2.4					2.4 CITY-ST-ZIP						
TITLE	☐ DELETE 3.1						3.1 TITLE				☐ Change	Addition
NAME					3.2 NA	ME	Ì					
STREET ADDRESS	33					3.3 STREET ADDRESS						
CITY - ST - ZIP	ļ		<u>_</u>		3.4. CI	_	ST-ZIP					
TITLE				DELETE	4.1 Tit						Change	Addition
NAME					4. 2 NA							
STREET ADORESS							ADDRESS					ľ
CITY-ST-ZIP TITLE	<u> </u>			DELETE	4.4 CIT 5.1 TIT		T-ZIP			_	☐ Change	Addition
NAME		•		_ PELLI	5.2 NA							E. MURICION
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					54 CIT							
TITLE	<del>                                     </del>			DELETE	61 TIT		1 - 611			_	Change	Addition
NAME					6.2 NA							
STREET ADDRESS	. ]						ADDRESS					
						CITY-ST-ZIP						]
	postific that the	a intermetica sumple	ed with this films doe	c not quotify to					n 110 07(3)(i) Elorida Statutos I	further on	whife . 41 4 db-c	information

14. 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 or an attachment with an address.

SIGNATURE:

al last

2/18/91 954-

954-421-1366