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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary & State. DIVISION OF CORPORATIONS

1999 DOCUMENT # P

Jun 19, 1999 8:00 am Secretary of State

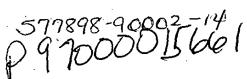
06-19-1999 90002 014 ***150.00

しょえん	08 NW 35 PC	-			
<i>-</i>	IRISE, FL	22272			DO NOT WRITE IN THIS SPACE
Sur	erise, mc.	97763			3. Date Incorporated or Qualifed 2 - 14 - 199
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			W50726776 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip			This corporation owes the current year Intangible
24	29 30		30		Personal Property Tax. Yes Ves
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
1	Nous Nous		8	1 Name	ne
/T /~T	HONY NOEEE		8:	2 Street	et Address (P.O. Box Number is Not Acceptable)
ANTHONY NOELL 12168 NW 35 PL					
			8:	3	
611	IRISE, FL :	22273	8	4 City	FL 85 Zip Code
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	72,70	, , , , <u>, , , , , , , , , , , , , , , </u>			• -
office or re	enistered agent, or both, in the State of	Florida. Such change was aut	thorized b	v the corr	ed corporation submits this statement for the purpose of changing its registered propration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statute	s.	
SIGNATURE		ANOTE: E	7	ent nignoture	re required when reinstating) DATE
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANTHONY NOELL 12168 NW 35 PC SUNRIGE, FL	_	1.2 NAME		
STREET ADDRESS	17116 NW 35 PC		1	ET ADDRESS	SS
CITY-ST-ZIP	SUNRIGE EL	23323	14 CITY-	ST-ZIP	
TITLE	7477	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STRE	ET ADDRESS	ss
CITY-ST-ZIP			2.4 CITY-	-ST-ZIP	
TÜTĒ	·	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	ss
CITY-ST-ZIP			3,4, CITY-		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAMI		
STREET ADDRESS			ii .	ET ADDRESS	SS
CITY-ST-ZIP		DELETE	4.4 CITY-		Change Addition
TITLE		□ pere⊥e	5.1 TITLE 5.2 NAME		
NAME			N	ET ADDRESS	ss
STREET ADDRESS			5.4 CITY-		
CITY-ST-ZIP		□ DELETE	6 1 TITLE		Change Addition
TITLE			6.2 NAME		C. Change C. P. Camer.
NAME			B .	ET ADDRESS	ss
STREET ADDRESS			64 CITY-		
City-St-Zip			1 04000	J. (- Z.II	

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 others in the property of the corporation 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 others in the corporation 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 others in the corporation 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 others in the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

SIGNATURE:

5-29-99 95V-746-5278



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	TO WHOM IT MAY CONCERN	= :-
عرب رسسته برخ و به به بازین که برخ هم به صدوب		=::
	THE ATTACHED CHECK IS	
	FOR THE YEARLY COPPORATION	
	FEE FOR B. A. D. ENTERPRISES.	
	#650726776. I FECENTLY	<u></u>
	CHANGED MY HOME ADDRESS AND	
· 	DID NOT RECEIVE ANY REHEWAL	
.,	PAPERWORK FROM THE STATE PLEASE	=
·	SEND ANY INQUIRES TO THE FOLLOWING	
	ANDress.	
	ANTHONY NOELL	
	B.A.D. ENTERPRISES	
·	12168 NW 35 PL	
	SUNTISE; FC 33323	
	THANK You,	-
	ANTHORY Noc!	
	Chilley Hook	
		-