COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P97000022442

Country

25

(BA SERVICES, INC.

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

ncipal Place of Business Mailing Address

NW 46TH DR 8420 NW 46TH DR

AL SPRINGS FL 33067 CORAL SPRINGS FL 33067

US

26

27

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## FILED Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90001 033 \*\*\*550.00

\$8.75 Additional

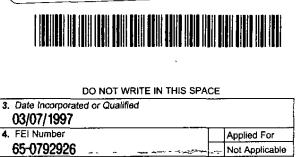
Fee Required

\$5.00 May Be

Added to Fees

l No

 ☐ Yes



5. Certificate of Status Desired

6. Election Campaign Financing

Intangible Personal Property.

This corporation owes the current year

Trust Fund Contribution

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
BABINEC, ANITRA 8420 NW 46TH DR CORAL SPRINGS FL 33067			81	Name		
			82	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	FL 85 Zip Code	
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.						
NATURE CATCAM & C TA VOCO TINO						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
			1.1 TITLE			
:	D BARRIES EDANIC	☐ DELETE			Change Addition	
: [	BABINEC, FRANK		1.2 NAME			
ET ADDRESS	8420 NW 46 DRIVE		1.3 STRÉET	ADDRESS		
ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-ST	-ZiP		
		DELETE :	2.1 TITLE		Change Addition	
<b></b>			2.2 NAME			
ET ADDRESS.		<b>[</b> ;	2.3 STREET	ADDRESS	·	
ST-ZIP			2.4 CITY-ST	ZiP		
		DELETE	3.1 TITLE		Change Addition	
<u> </u>		3	3.2 NAME			
ET ADDRESS			3.3 STREET	ADDRESS		
ST-ZIP		3	3.4 CITY-ST-	ZiP		
		DELETE 4	4.1 TITLE	-	Change Addition	
·		4	4.2 NAME			
ET ADDRESS		4	4.3 STREET	ADDRESS		
ST-ZIP		4	4.4 CITY-ST-	ZIP		
		DELETE	5.1 TITLE		Change Addition	
<u>:</u>			5.2 NAME			

Country

30

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.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP 6.1 TITLE

DELETE

GNATURE:

sa muniai

强棒战争 红金色

ET ADDRESS

ET ADDRESS

, (954)49407S

CR2E034 (5/99)