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

DOCUMENT # P97000036129 1. Corporation Name

BA CELLEDO CO

JM SELLERS CO.

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90031 035 ***150.00



							9 8 1000 1		
Principal Place of Business Mailing Address									
1313 SW HUNNICUT AVE. 1313 SW HUNNICUT AVE.					•				
PORT SAINT LUCIE FL 34985		PORT SAINT LUCIE FL 34985				DO NOT WRITE IN THIS SPACE			
					-	3. Date Incorporated or Qualifed			l
						04/23/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
24		⊢ •	26			65-0760523	Not	Applicable	ĺ
Suite, Apt.	#, etc.					88	.75.A	dditional	
22	·	27				5. Certificate of Status Desired Fee Required			
City & State	•	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			-	Trust Fund Contribution A	dded to	Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year Intangible			
24	25	29 34	0			Personal Property Tax.		∐No	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent			ł
4 411 1	ED 1411E0 0		{	31 N	Name				ļ
	ER, JAMES C		82 St			t Address (P.O. Box Number is Not Acceptable)			
	SW HUNNICUT AVE. T SAINT LUCIE FL 34985								
PUH	I SAINT LUCIE PL 34905			33					
			1	34 C	City	FL 85	Zip C	ode	
	(0.6.007.050	2 C07.4500 Florido Statuto	the ob	21/2 2/	amad aarnas	ation submits this statement for the purpose of change	ina its i	registered	ł
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of marginary with, and accept the obligat	of Florida. Such change was autr	nonzea i	oy ine	corporation	's board of directors. I hereby accept the appointmen	t as reg	istered	
SIGNATURE									
	Signature, typed or printed name of registered agen	, , , , , , , , , , , , , , , , , , , ,		gent sig	mature required w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTO	RS IN 12	1 8
12.		D DIRECTORS	13.				hange	Addition	1
TITLE	O MILLED MANEO C	Decere		-		_	·	_	;
NAME	MILLER, JAMES C		1.2 NAME 1.3 STREET ADDRESS						8
STREET ADDRESS	1313 SW HUNNICUT AVE.		1.3 STREET ADDRESS						5
CITY-ST-ZIP	PORT SAINT LUCIE FL 34985 14cr				<u> </u>	Пс	hange	Addition	{
TITLE							•	_	
NAME			2.2 NAM						
STREET ADDRESS			2.3 STR						Ì
CITY-ST-ZIP		☐ DELETE	2.4 CIT		<u> </u>	ПС	hange	Addition	1
TITLE		LI DELL'IC	1			-		_	
NAME			3.2 NAM						
STREET ADDRESS			3.3 STR						
CITY-ST-ZIP		☐ DELETE	3.4. CIT			, По	hange	Addition	1
TITLE			4.1 TITL			٥			
NAME			4.2 NA						1
STREET ADDRESS			4.3 STR		- 1				
CITY-ST-ZIP		☐ DELETE	4.4 CITY				hange	Addition	1
TITLE		□ DETEIG	5.1 TITL 5.2 NAM		-				
NAME			5.3 STR		IDRESS				
STREET ADDRESS			5.4 CITY		į.				
CITY-ST-ZIP		□ DELETÉ	6.1 TITL		-	Пс	hange	Addition	1
TITLE			6.2 NAM		İ		3-		
NAME			6.3 STR		ORESS				
STREET ADDRESS			6.4 CITY						}
CITY ST 75D			0.4 0111		. 1				

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:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 5761-971-5248
Date Daytime Phone #