

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON QR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 18 1998 8:00am
Secretary of State

DOCUMENT # P97000041408 (0)

1. Corporation Name

BAD INTENT, INC.

Principal Place of Business

6475 S.W. 26 STREET
MIRAMAR FL 33023

Mailing Address

6475 S.W. 26 STREET
MIRAMAR FL 33023



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

65-0458423

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2322 JOHNSON ST
Suite, Apt. #, etc.

22 1

23 Hollywood, FLA
City & State

24 33020 25 BROWARD
Zip Country

2a. Mailing Address

26 2322 JOHNSON ST
Suite, Apt. #, etc.

27 1

28 Hollywood, FLA
City & State

29 33020 30 BROWARD
Zip Country

9. Name and Address of Current Registered Agent

HONIG, GARY D ESQ.
1250 E. HALLANDALE BEACH BLVD.
PENTHOUSE
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME MANFREDI, PETER
STREET ADDRESS % 6475 S.W. 26 STREET
CITY-ST-ZIP MIRAMAR FL 33023

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

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CITY-ST-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME [] Change [] Addition

1.3 STREET ADDRESS [] Change [] Addition

1.4 CITY-ST-ZIP [] Change [] Addition

2.1 TITLE [] Change [] Addition

2.2 NAME [] Change [] Addition

2.3 STREET ADDRESS [] Change [] Addition

2.4 CITY-ST-ZIP [] Change [] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-ST-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-ST-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-ST-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY-ST-ZIP [] Change [] Addition

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-09/22/98--01005--029
***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE

954-927-0178

CR2E034 (5/98)

Peter Manfredi
Bad Intent, Inc.
2322 Johnson St. #1
Hollywood, Fl. 33020

September 11, 1998

Dear Sir or Madam:

My name is Peter Manfredi, and I am the owner of **Bad Intent Inc.** This is my first year in business . I have changed address's since I have become the owner of Bad Intent Inc.

I have just received my second annual corporate report form that had been sent to my previous address. Since I have changed address's from when I have originally opened my business, I have sent in a change of address form showing my currency address as 2322 Johnson St. Apt. #1 Hollywood, Fl. 33020.

Since I never received the original form, I had no idea there was money owed. I just received this form in, from the occupant of my previous address, who was kind enough to send this form to my new address.

I feel due to the current circumstances, I do not understand why I am being charged a filing fee of \$550.00 when I have tried to make sure that the proper information would come to my correct residency. I have filled out my correct address on this form and, I am sending in the amount of \$150.00 for my business renewal fee.

I hope this problem can be resolved with this letter I have written.
Thank you for all courtesies extended.

Sincerely,



Peter Manfredi
(Bad Intent Inc.)