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CORPO	PROFIT ORPORATION NUAL REPORT 1999 FLORIDA DEPAR Katherin Secretary Division of Co			ine Harri ry of State	.					
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14237 CRYSTAL COVE DRIVE SOUTH JACKSONVILLE FL 32224 14237 CRYSTAL COVE DRIVE JACKSONVILLE FL 32224					1		DO NOT WRI		S SPACE	
							 Date Incorporated or Qualified 08/21/1997 			
2 Problem of Place 24	← of Business	26	Mailing Address				4. FEI Number 59-3465360		F +	ed For policable
Suite Ant # a	eti	1	Suite Apt # etc				5. Certificate of Status Desired		\$8.75 Add	litional
Oty & State		27	City & State				6. Election Campaign Financing		\$5.00 Ma	
23		28					Trust Fund Contribution		Added to F	ees
24	Country [25]	29	Zip	Coun	шу		This corporation owes the curr Intangible Personal Property	, ,	Yes N	0
	9. Name and Addre	ss of Current Reg	stered Agent		81 N	ame	10. Name and Address of New i	legistered	Agent	
SILVA,	ADAM L			L	⅃					
14237 CRYSTAL COVE DRIVE SOUTH JACKSONVILLE FL 32224						reet Addre	ess (P.O. Box Number is Not Accepta	ıble)	· · · · · · · · · · · · · · · · · · ·	
JACKS	UNVILLE FL 32224			1	B3					
				ĺ	84 C	•		FL	85 Zip Cod	
	the provisions of sect patered agent, or both familiar with, and acc	ions 607.0502 and 6 i, in the State of Flo cept the obligations	507.1508, Florida Statute rida. Such change was a of, section 607.0505, Flo	es, the abo authorized orida Statu	ve-nan by the tes.	ned corpor corporation	ation submits this statement for the p in's board of directors. I hereby acce	urpose of co of the appo	hanging its regist intment as regist	tered lered
SIGNATURE	in in type thougheited benne	of registrated agent end ble	. Lapportable: (NO	OTE Registere	d Agent :	signature requ	red when remalating)	DATE		
12.		FFICERS AND DIR		13.			ADDITIONS/CHANGES TO OF	FICERS A	F-1	IN 12 Ŏ
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14. The eby centry 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 or 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 office our director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this kill or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ADAM L Silva 3/19/99

5 1 TITLE

5 2 NAME 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP

6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

DELETE

DELETE

Change Addition

Change Addition



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

October 12, 1999

2

Division of Corporations Attn: Tyrone Post Office Box 6327 Tallahassee, FL 32314

Re: B 'N' A Enterprises
Profit Corporation Annual Report
Document P97000072689

Dear Tyrone,

I am writing on behalf of the above shown corporation as the preparer of the tax returns for B 'N' A Enterprises.

We are requesting a waiver of the late fee and ask that you accept the enclosed annual reports with their full payment. We are unable to find any record of having received the original reports. Mr. Silva has been very diligent in paying the annual fee each year since his incorporation.

In addition, our office prepares all of his monthly, quarterly and annual tax reports. He has always been very conscientious about forwarding all government paperwork to us as soon as he receives it.

I thank you for your prompt attention to my request and, if you have any questions, please do not hesitate to contact me.

Sincerely,

Ronald A. McBride, EA

President