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 -

DOCU 1. Corporat	JMENT # P9700	32 35 2577 70011 005 150.00							
BAGAT	EL INVESTMENT INC								
Principal Pla	ice of Business	Mailing Address							
301 HENDRIC FT. LAUDERD	P.O. BOX 1684 FT. LAUDERDALE FL US	°L 33302			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed 11/20/1997			
21	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0794996			
Suite, Ap	t. #, etc.	Suite, Apt. #, etc).			5. Certificate of Status Desired Fe			
City & Sta	ate	City & State				6. Election Campaign Financing Trust Fund Contribution Add			
Zip 24	Country 25	Zip 29	Gou	ntry		8. This corporation owes the current year Intangible Personal Property Tax.			
ļ.,	9. Name and Address of Cur					10. Name and Address of New Registered Agent			
	UILLARD, ROBERT			81	Name				
1945 301 HENDRICKS ISLE DOCK 5					82 Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33301				83					
<u> esperante a ang</u>	N. A. P. C. C.	• .		84	City	FL 85			
· ` `oπice or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change w	vas authorized	by t	named he corpo	corporation submits this statement for the purpose of changing oration's board of directors. I hereby accept the appointment a			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent	signature r	equired when reinstating) DATE			
12.	·, _	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC			
TITLE	D	☐ DELET	E 1.1 ΤΙΤ	LΕ		☐ Char			

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90011 005 ***150.00



Applied For

[21]		26			65-0794996	Not Ap	plicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Addit	
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May	, -
Zip	Country	Zip	Country		Trust Fund Contribution	Added to Fe	es
24	25	<u> </u>	30		8. This corporation owes the current		
24	9. Name and Address of Current R		30]		Personal Property Tax. 10. Name and Address of New Regi		40
	7. Tano dia 2000000 07 0011011	City ()	81	Name	10. Name and Address of New Kegi	stered Agent	
ROL	JILLARD, ROBERT		[".	Tallio	•		
	HENDRICKS ISLE DOCK 5		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	•	
	LAUDERDALE FL 33301		83		the second secon	A CONTRACTOR OF THE STATE OF TH	27
			63				1
			84	City	· A S S S S S S S S S S S S S S S S S S	85 Zip Code	3101 (87)
Tale District	A - 2 () - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1007.1500.151		 -		FL	
office or	registered agent, or both, in the State of I	nd 607.1508, Florida Statutes Florida. Such change was aut	s, the above thorized by t	-named corporation	oration submits this statement for the purpor's board of directors. I hereby accept the	ose of changing its register	stered
agent. I a	am familiar with, and accept the obligation	is of, Section 607.0505, Florid	da Statutes.		on a board of directors. Thereby accept the	appointment as registe	160
SIGNATURE							Ì
40	Signature, typed or printed name of registered agent an			t signature required		ATE	
TITLE	OFFICERS AND I	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
	1 -		1.1 TITLE	·	The state of the s	☐ Change · ☐	Addition
NAME	ROUILLARD, ROBERT		1.2 NAME		•		
STREET ADDRESS	301 HENDRICKS ISLE DOCK 5		1.3 STREET	ADDRESS		*	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST	-ZIP			
TITLE ·		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME	ĺ			
STREET ADDRESS		•	2.3 STREET	ADDRESS	•		
CITY-ST-ZIP		123 - 1 - 1	2. 4 CITY-ST	r-ZIP		<u> </u>	
TITLE (A)	IN AUST WILLS	☐ DELETE	3.1 TITLE			Change	Addition
NAME AND AND			3.2 NAME				
STREET ADDRESS	2.4.5. Company of the		3.3 STREET	ADDRESS .	1	Maria Service Sale Services	*15: :15; ·
CITY-ST-ZIP	and the same of th		3.4. CITY-ST	- ZIP		[[2] [[2] [[2] [[2] [[2] [[2] [[2] [[2]	1 1 1
TITLE		☐ DELETE	4.1 TITLE		20 1 2 EST 364 CATH \$5	ो के कि के कि Change के कि वि	Addition
NAME		** **	4. 2 NAME			•	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	*	V 2	4.4 CITY-ST-	-ZIP			
TITLE		☐ DELETE	5.1 TITLE		·································	☐ Change ☐	Addition
NAME	. :	,	5.2 NAME	*	* ** **		1
STREET ADDRESS			5.3 STREET A	ADDRESS			ł
CITY-'ST-ZIP			5.4 CITY-ST-	ZIP			ĺ
TITLE		☐ DELETE	6.1 TITLE		•	Change	Addition
NAME ;	Life to the life of the first o	•	6.2 NAME		•	, _	.1
STREET ADDRESS		•	6.3 STREET A	ADDRESS			•
CITY-ST-ZIP	A PARTY OF THE STATE OF		6.4 CITY-ST-	ZIP			-

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: