

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90254 001 ***150.00

DOCUMENT # P97000108502

1. Corporation Name
BAIFLEX, INC.

Principal Place of Business

223 YELLOW ELDER
BURNT STORE MEADOWS
PUNTA GORDA FL 33955
US

Mailing Address

223 YELLO ELDER
BURNT STORE MEADOWS
PUNTA GORDA FL 33955
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number

59-3485802

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 the current year intangible

Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MELLEN, ROBERT F
223 YELLOW ELDER
BURNT STORE MEADOWS
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

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

Sheila J. Mellen, Treasurer

4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MARINO, JOHN V II.
STREET ADDRESS 122 S HENRY AVE
CITY-ST-ZIP ELKINS WV 26241

DELETE

TITLE DT
NAME MELLEN, SHEILA J
STREET ADDRESS 7417 FICUS TREE S, BURNT STORE MEADOWS
CITY-ST-ZIP PUNTA GORDA FL 33955

DELETE

TITLE DS
NAME ZHAO, HONG
STREET ADDRESS 212 WESTBROOK CIR
CITY-ST-ZIP NAPERVILLE IL 60565

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME ROBERT MELLEN
1.3 STREET ADDRESS 223 YELLOW ELDER
1.4 CITY-ST-ZIP PUNTA GORDA, FL 33955

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE SEC
3.2 NAME SHEILA MELLEN
3.3 STREET ADDRESS 223 YELLOW ELDER
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33955

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Sheila J. Mellen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(941) 575-9497

Daytime Phone #

CR2E034 (11/98)