

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90020 013 ***150.00

DOCUMENT # **P98000006007**

1. Corporation Name

BAHIA ENCOUNTERS, INC.

Principal Place of Business

**2455 SUNRISE BLVD.
SUITE 1102
FORT LAUDERDALE FL 33304**

Mailing Address

**2455 SUNRISE BLVD.
SUITE 1102
FORT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0809824

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

21 2455 E. Sunrise Blvd

2a. Mailing Address

26 2455 E. Sunrise Blvd

Suite, Apt. #, etc.

22 10th Floor

Suite, Apt. #, etc.

27 10th Floor

City & State

23 FT. LAUDERDALE FL

City & State

28 FT. LAUDERDALE FL

Zip

24 33304

Country

25 U.S.

Zip

29 33304

Country

30 U.S.

9. Name and Address of Current Registered Agent

**INTRASTATE AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131**

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

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 **LINDSEY, THOMAS H**
STREET ADDRESS **2455 SUNRISE BLVD. SUITE 1102**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☐ DELETE
NAME **FEDER, STEVEN L**
STREET ADDRESS **2455 SUNRISE BLVD., SUITE 1102**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☐ DELETE
NAME **STOLZ, PETER**
STREET ADDRESS **2455 SUNRISE BLVD., SUITE 1102**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2455 E. SUNRISE BLVD; 10th Floor**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2455 E. SUNRISE BLVD; 10th Floor**
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **f**

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

994-568-3308

CR2E034 (11/98)