

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90004 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000034150

1. Corporation Name

BABA YAGA'S FAIRY TALE CLUB, INC.

Principal Place of Business

Mailing Address

~~1401 KIMDALE STREET~~
~~LEHIGH ACRES FL 33936~~

~~1401 KIMDALE STREET~~
~~LEHIGH ACRES FL 33936~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

2. Principal Place of Business

2a. Mailing Address

21 4575 Via Royale, Suite 206

26 Same as 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

City & State

23 Ft. Myers, FL 33919

City & State

Zip Country

Zip Country

24 **25**

29 **30**

4. FEI Number
65-0828482

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, THOMAS J
1401 KIMDALE STREET
LEHIGH ACRES FL 33936

81 Name
Thomas J. Davis, Jr., Attorney at Law

82 Street Address (P.O. Box Number is Not Acceptable)
4575 Via Royale, Suite 206

83

84 City **Ft. Myers** **FL** **85** Zip Code
33919

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 **Thomas J. Davis, Jr., Attorney**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/99

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Treasurer/D
Thomas J. Davis, Jr.
4575 Via Royale, Suite 206
Ft. Myers, FL 33919

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President /D
Ardashes Derderian
2722 Burbank Blvd.
Burbank, CA 91505

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/D
Rimma Drozdov
2722 Burbank Blvd.
Burbank, CA 91505

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/D
Jo Ann Davis
4575 Via Royale, Suite 206
Ft. Myers, FL 33919

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Thomas J. Davis, Jr., President** 941-939-3077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)