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 Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90062 038 ***150.00

 Corporation 	BAG IT, INC.	0043022					
Principal Place	e of Business	Mailing Address				Sibat andi Ibne i	(1818 11St 1881
1060 COOPER	DRIVE	1060 COOPER DRIVE					
NAPLES FL 34103 NAPLES FL 34103					DO NOT WIRITE IN THIS	CDACE	
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
					05/21/1998		
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-0837771		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27					quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00 t Added to	· 1
23	Country	28	Country		Trust Fund Contribution		
Zip	Country 25	—— `	30		This corporation owes the current year Inf Personal Property Tax.		III/No
24	9. Name and Address of Cur		301		10. Name and Address of New Registered		*** *********************************
	o. Hame and reduces of our	Total Roginstal Co. 1 Iguilia	81	Name			
AME	RILAWYER		100		(D.O. Day Number in Not Acceptable)		
343 ALMERIA AVENUE			82 Street Ac		ress (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33134		83				
			_				
			84	City	FL	85 Zip C	ode
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was at ligations of, Section 607.0505, Flor	itnorized by rida Statutes	tne corporati i.	on's board of directors. I hereby accept the appoi	ilitiliciit as reg	Jistered (
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Registered Ager		ad when reinstating) DATE		
SIGNATURE	OFFICERS	AND DIRECTORS	Registered Ager		od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF		
	OFFICERS PSTD	<u> </u>	Registered Ager 13.			ND DIRECTO	RS IN 12
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12.	PSTD BROWN, SCOTT A 1060 COOPER DRIVE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require			
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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 hustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR