

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90003 049 \*\*\*558.75

DOCUMENT # **P98000061338**

Corporation Name

**BAILJUMPER, INC.**



Principal Place of Business

P.O. BOX 8701  
MPA FL 33604

Mailing Address

P.O. BOX 8701  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

81 Name **OSCAR HALL**  
82 Street Address (P.O. Box Number is Not Acceptable) **510 HIGHVIEW TERR N.**  
83  
84 City **BRANDON** FL 85 Zip Code **33510**

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

**9/7/99**

OFFICERS AND DIRECTORS

		<input type="checkbox"/> DELETE
1	<b>D</b>	
2	<b>BURNETT, ELOUISE</b>	
3	<b>3606 E. WILDER AVENUE</b>	
4	<b>TAMPA FL 33610</b>	
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>PRESIDENT</b>	
1.2 NAME	<b>OSCAR HALL</b>	
1.3 STREET ADDRESS	<b>510 HIGHVIEW TERR N</b>	
1.4 CITY-ST-ZIP	<b>BRANDON FL 33510</b>	
2.1 TITLE	<b>VP</b>	
2.2 NAME	<b>KAREN D. HALL</b>	
2.3 STREET ADDRESS	<b>3005 28TH AVE E</b>	
2.4 CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
3.1 TITLE	<b>SOC/TECH</b>	
3.2 NAME	<b>FANNIE HALL</b>	
3.3 STREET ADDRESS	<b>510 HIGHVIEW TERR N</b>	
3.4 CITY-ST-ZIP	<b>BRANDON, FL 33510</b>	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**9/7/99 (813) 503-6846**

CR2E034 (5/99)