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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000074253

1. Corporation Name
BAILEY PROPERTIES INC.

Principal Place of Business	Mailing Address
5030 S.W. 168TH AVE. FORT LAUDERDALE FL 33331	5030 S.W. 168TH AVE. FORT LAUDERDALE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1998

2. Principal Place of Business	2a. Mailing Address
21	26 4839 SW 148 Ave #530
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Davie, Florida
Zip 24 / Country 25	Zip 29 33330 / Country 30 US

4. FEI Number: 65-0862904 ☐ 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

COHEN, STEVEN E
800 N.W. 62ND STREET SUITE 200
FORT LAUDERDALE FL 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	TAYLOR, ROGER		1.2 NAME	Steven E. Cohen	
STREET ADDRESS	5030 S.W. 168TH AVE.		1.3 STREET ADDRESS	800 NW 62 St.#200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331		1.4 CITY-ST-ZIP	Fort Laud. Fl 33309	
TITLE		☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME			2.2 NAME	Roger Taylor	
STREET ADDRESS			2.3 STREET ADDRESS	4839 SW 148 Ave #530	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Davie, Fl. 33330	
TITLE		☐ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME			3.2 NAME	Daniel Hunnywell	
STREET ADDRESS			3.3 STREET ADDRESS	204 E Martin Luther K.Blvd	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Tampa, Fl	
TITLE		☐ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME			4.2 NAME	Roger Taylor	
STREET ADDRESS			4.3 STREET ADDRESS	4839 SW 148 Ave #530	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Davie, Florida 33330	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: SIGNATURE REQ Roger Taylor 3/19/99 954-680-5884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #