

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90074 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000083612

1. Corporation Name
B.A.K.E., INC.

Principal Place of Business 1108 COMMERCIAL WAY SPRING HILL FL 34606	Mailing Address 1108 COMMERCIAL WAY SPRING HILL FL 34606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16840 U.S. HWY 19 Suite, Apt. #, etc.	2a. Mailing Address 26 16840 U.S. HWY 19 Suite, Apt. #, etc.
22 City & State 23 HUDSON, FL Zip 24 34667	27 City & State 28 HUDSON, FL Zip 29 34667
Country 25 PASCO	Country 30 PASCO

3. Date Incorporated or Qualified 09/28/1998	4. FEI Number 59-3534843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**VAN METER, KIMBERLEE
1108 COMMERCIAL WAY
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name KIMBERLEE VAN METER
82 Street Address (P.O. Box Number is Not Acceptable) 16840 U.S. HWY 19
83
84 City HUDSON
85 Zip Code FL 34667

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 *Kimberlee Van Meter* DATE **2-14-99**

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

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME VAN METER, KIMBERLEE	
STREET ADDRESS 1108 COMMERCIAL WAY	
CITY-ST-ZIP SPRING HILL FL 34606	
TITLE D	<input type="checkbox"/> DELETE
NAME STOCKHAUSEN, BRAD	
STREET ADDRESS 1108 COMMERCIAL WAY	
CITY-ST-ZIP SPRING HILL FL 34606	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME VAN METER, KIMBERLEE	
1.3 STREET ADDRESS 16840 U.S. HWY 19	
1.4 CITY-ST-ZIP HUDSON, FL 34667	
2.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME STOCKHAUSEN, BRAD	
2.3 STREET ADDRESS 16840 U.S. HWY 19	
2.4 CITY-ST-ZIP HUDSON, FL 34667	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kimberlee Van Meter* DATE: **2-14-99** DAYTIME PHONE #: **727-819-1607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)