

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90103 002 ***150.00

DOCUMENT # P98000086240

1. Corporation Name
BAKER S&D ENTERPRISES, INC.



Principal Place of Business
10049 NW 89TH AVENUE
BAY #5
MEDLEY FL 33178

Mailing Address
10049 NW 89TH AVENUE
BAY #5
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 17625 N.W. 61 CT. N.
Suite, Apt. #, etc.
22
City & State
23 MIAMI FLORIDA
Zip
24 33015 25 JADE
Country
26 18520 N.W. 67TH AVE
Suite, Apt. #, etc.
27 # 224
City & State
28 MIAMI FLORIDA
Zip
29 33015 30 USA

3. Date Incorporated or Qualified
10/06/1998

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAKER, CHARLES
10049 NW 89TH AVENUE
BAY #5
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name BAKER, CHARLES
82 Street Address (P.O. Box Number is Not Acceptable)
17625 N.W. 61 CT N.
83
84 City MIAMI FL 85 Zip Code 33015

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	BAKER, CHARLES	10049 NW 89TH AVENUE, #5	MEDLEY FL 33178	<input type="checkbox"/>
VS	BAKER, MARIE FLORENCE	10049 NW 89TH AVENUE, #5	MEDLEY FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		17625 N.W. 61 CT N.	MIAMI, FL 33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		17625 N.W. 61 CT. N.	MIAMI, FL 33015	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

305-364-0180

Date

Daytime Phone #

CR2E034 (11/98)

0256545