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Mar 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000102067

1. Corporation Name
BALTICO, INC.



Principal Place of Business

Mailing Address

**4307 BEAU RIVAGE CIRCLE
LUTZ FL 33549**

**4307 BEAU RIVAGE CIRCLE
LUTZ FL 33549**

**14955 GULF BLVD.
MADEIRA BEACH, FL
33708**

**3959 VAN DYKE RD. 200
LUTZ, FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1998

4. FEI Number

59-3548876

Applied For

Not Applicable

2. Principal Place of Business

14955 GULF BLVD

2a. Mailing Address

3959 VAN DYKE RD

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

MADEIRA BEACH FL

City & State

LUTZ FL

Zip

33708

Country

24

Zip

33549

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$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

**ROSS, SLAVA
4307 BEAU RIVAGE CIRCLE
LUTZ FL 33549**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PS**
NAME **ROSS, SLAVA**
STREET ADDRESS **4307 BEAU RIVAGE CIRCLE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VT** ☐ DELETE

NAME **DIMTRIEV, ALEXANDER**
STREET ADDRESS **4307 BEAU RIVAGE CIRCLE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Slava Ross
Slava Ross, Pres. 03.25.99 (813) 205-6898

CR2E034 (1/1/98)