

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra G. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR -7 PM 1:40

**DOCUMENT # S03434 (5)**

1. Corporation Name  
**BADA ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**13128 N DALE MABRY HWY TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3032439** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	25	29	30
Zip		Country	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DAVIS MICHAEL A  
13128 N DALE MABRY HWY  
TAMPA FL 33618**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code
	<b>FL</b>	

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 the date applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADO, RICHARD H</b>	1.2 NAME	
STREET ADDRESS	<b>3912 DREXLER</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TAMPA FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADO, ROBERT W</b>	2.2 NAME	
STREET ADDRESS	<b>5103 STRATTON</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TAMPA FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>DV</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MICHAEL A</b>	3.2 NAME	<b>DAVIS, MICHAEL A</b>
STREET ADDRESS	<b>3501 DEL LAGO CIR #309</b>	3.3 STREET ADDRESS	<b>7603 OAKMOOR DR</b>
CITY- ST- ZIP	<b>TAMPA FL</b>	3.4 CITY- ST- ZIP	<b>TAMPA, FL 33634</b>
TITLE	<b>DV</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MELODY A.</b>	4.2 NAME	<b>DAVIS, MELODY A.</b>
STREET ADDRESS	<b>3501 DEL LAGO CIR #309</b>	4.3 STREET ADDRESS	<b>7603 OAKMOOR DR.</b>
CITY- ST- ZIP	<b>TAMPA FL</b>	4.4 CITY- ST- ZIP	<b>TAMPA, FL 33634</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 not in attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL A. DAVIS**

Date

**3-31-95 963-5061**

Day/Year/Phone #