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**

DOCUMENT # \$56826

1. Corporation Name

BACCILIERI CORP.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90001 009 ***150.00



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						05/30/199		·		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certifcate of	Status Desired		\$8.75		
22		27							Fee Re	·
City & State		City & State			-		npaign Financing		\$5.00	
23 Country		28 Country				Trust Fund Contribution Added to Fees				
Zip Country		Zip Country				8. This corporation owes the current year Intengible Personal Property Tax. ☐ Yes ☐ No				
24	25		30			Personal Pro	Address of New	Posistored	Yes	
<u> </u>	9. Name and Address of Curren	t Registered Agent	8	1 N	ame	10. Name and A	Address of New	Kegistered	- Hybrin	
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11 Daniel and	to the provisions of Sections 607.050	2 and CO7 1509 Florida Ctatute	na tha aba		mod corner	ration submits this	statement for the		changing its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was at	uthorized by	y the	corporation	n's board of directo	ors. I hereby acce	ept the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	rida Statute	\$.						
1										
SIGNATURE		(NOTE:	De automad Au	ant nia	not we required	when relocation)		DATE		}
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·		ent sign	naturé required v	when reinstating)	CHANGES TO O	DATE FFICERS AN	ID DIRECTO	DRS IN 12
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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:

'URE REQUIRED