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

PROFIT CORPORATION ANNUAL REPORT

1999

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23

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Zip

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S74597

BAUER INTERNATIONAL INC.

Principal Place of Business	Mailing Address		
OUT OF SIGHT BEDS 226 CENTER ST. STE. A6-B JUPITER FL 33458	OUT OF SIGHT BEDS 226 CENTER ST. STE. A6-B JUPITER FL 33458		
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #. etc.	Suite, Apt, #, etc.		

27

28

Zip

City & State

25 29 29 9. Name and Address of Current Registered Agent

Country

BAUER, ROBERT	change
146 PENNOCK TRACE DRIVE	Street add
JUPITER FL 33458	

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90044 025 ***150.00



DO NOT WRITE IN THIS SPACE				
3. Date Incorporated or Qualifed				
08/14/1991			_	
4. FEI Number			Applied For	
65-0288522			Not Applicable	,
5. Certificate of Status Desired		•	\$8.75 Additional Fee Required	
 Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		•
This corporation owes the curre Personal Property Tax.	ent yea	r Intangible Yes	□No	
10. Name and Address of New R	legiste	red Agent		

10. Name and Address of New Registered Agent					
81	Name Same_				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City San El 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.

Country

ū	•							
SIGNATURE	Clarature based or cristed name of registered appart and	title if continable (NOTE: Re	edistated Agent signature o	required when reinstating) DATE		\		
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D OFFICERS AND D	DELETE	1.1 TITLE		TO Change	Addition		
NAME	Bauer, Robert		1.2 NAME	Same				
STREET ADDRESS	146 PENNOCK TRACE DRIVE		1.3 STREET ADDRESS	19775 Earlwood D	or i			
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	Same				
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition		
NAME I	BAUER, ESTHER		2.2 NAME	Same	٠. ١	}		
STREET ADDRESS	146 PENNOCK TRACE DRIVE		2.3 STREET ADDRESS	19715 Earlwood	IJĮ,			
CITY-ST-ZIP	JUPITER FL 33458		2.4 CITY-ST-ZIP	Same				
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME	33a a g		3.2 NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	Addition !		
NAME			4. 2 NAME					
STREET ADORESS	·		4.3 STREET ADDRESS			ļ		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME	•		5.2 NAME	·				
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY+ST-ZIP			5.4 CITY-ST-ZIP					
TITLE .		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
A	The transfer of the second	•	6.4 CITY-ST-ZIP	<u> </u>				

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 of an antiachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99 5617441888

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