

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S75239** (1)  
1. Corporation Name  
**BACH LOT PICK UP, INC.**

Principal Place of Business  
**905 NE 28TH STREET  
APT. 102  
WILTON MANORS FL 33334**

Mailing Address  
**905 NE 28TH STREET  
APT. 102  
WILTON MANORS FL 33334**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/21/1991</b>	
4. FEI Number <b>65-0295548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>Edward A. Bach</b> 22 <b>3706 N. Ocean Blvd #490</b> 23 <b>Ft. Lauderdale FL 33308</b> 24 Zip <b>33308</b> 25 Country		2a. Mailing Address 26 <b>Edward A. Bach</b> 27 <b>3706 N. Ocean Blvd #490</b> 28 <b>Ft. Lauderdale FL 33308</b> 29 Zip <b>33308</b> 30 Country	
9. Name and Address of Current Registered Agent <b>BACH, EDWARD A 905 NE 28TH ST APT 102 WILTON MANORS FL 33334</b>		10. Name and Address of New Registered Agent 81 Name <b>Edward A. Bach</b> 82 Street Address (P.O. Box is not acceptable) <b>3706 N. Ocean Blvd #490</b> 83 <b>Ft. Lauderdale FL 33308</b> 84 City <b>FL</b> 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 \_\_\_\_\_ DATE **4/28/98**  
Signature type for printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACH, EDWARD A</b>	1.2 NAME	
STREET ADDRESS	<b>905 NE 28TH ST APT 102</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILTON MANORS FL 33334</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPSO</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACH, HILLARY M</b>	2.2 NAME	
STREET ADDRESS	<b>95 JOPPA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRIMACK NH 03054</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACH, MELANIE A</b>	3.2 NAME	
STREET ADDRESS	<b>95 JOPPA</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRIMACK NH 03054</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACH, ANDREA A</b>	4.2 NAME	
STREET ADDRESS	<b>95 JOPPA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRIMACK NH 03054</b>	4.4 CITY-ST-ZIP	
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 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.

SIGNATURE: \_\_\_\_\_

**4/28/98 554-537-4200**

CR2E034 (10/97)