

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **S99506**

1. Corporation Name
BAILEY TALENT GROUP, INC.

Principal Place of Business
**513 W. COLONIAL DRIVE, SUITE 6
ORLANDO FL 32804**

Mailing Address
**513 W. COLONIAL DRIVE, SUITE 6
ORLANDO FL 32804**

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90038 046 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1991

4. FEI Number
59-3097573

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **PO Box 1810**

Suite, Apt. #, etc.

22

City & State

23 **Port Salerno FL**

Zip

24 **34992**

Country

25 **USA**

2a. Mailing Address

26 **PO Box 1810**

Suite, Apt. #, etc.

27

City & State

28 **Port Salerno FL**

Zip

29 **34992**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**JEFFREY P. MILHAUSEN
C/O SWANN, HADLEY, DENION & ALVAREZ PA
1031 WEST MORSE BLVD STE 270
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

Donald S Bailey

82 Street Address (P.O. Box Number is Not Acceptable)

3492 SE CLUBHOUSE PLACE

83

84 City **STUART**

FL

85 Zip Code

34997

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

Donald S Bailey

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/16/99**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **BAILEY, DOUGLAS**

STREET ADDRESS **513 W. COLONIAL DR, STE 6**

CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **BAILEY, DONALD**

STREET ADDRESS **513 W. COLONIAL DR, STE 6**

CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

Donald S Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/99

Daytime Phone #

CR2E034 (11/98)