

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36511 (6)

1. Corporation Name

BAD TIMES TWO, INC.



Principal Place of Business

5881 NORTHWEST 14TH COURT
SUNRISE FL 33313

Mailing Address

5881 NORTHWEST 14TH COURT
SUNRISE FL 33313

3. Date Incorporated or Qualified
05/15/1992

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

21 481 SW 132 Terrace
Suite, Apt. #, etc.

2a. Mailing Address

26 481 SW 132 Terr.
Suite, Apt. #, etc.

4. FEI Number
65-0332800

Applied For
Not Applicable

22

City & State

23 DAVIE, FL

24 33325 Country

27

City & State

28 DAVIE, FL

29 33325 Country

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

9. Name and Address of Current Registered Agent

TORPEY, BARBARA M.
7880 NORTH UNIVERSITY DR.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Torpey, BARBARA M.
82 Street Address (P.O. Box Number is Not Acceptable)
83 481 SW 132 Terrace
84 DAVIE FL 85 33325

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 address applicable

(Not to be registered agent signature required when reappointing)

DATE

5.3-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TORPEY, ROBERT E. JR.
STREET ADDRESS 5881 NW 14TH CT.
CITY-ST-ZIP SUNRISE FL ☐ DELETE

TITLE STD
NAME TORPEY, BARBARA M.
STREET ADDRESS 5881 NW 14TH CT.
CITY-ST-ZIP SUNRISE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 481 SW 132 Terrace
1.4 CITY-ST-ZIP DAVIE FL 33325 ☒ Change ☐ Addition

2.1 TITLE SAME ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 481 SW 132 Terrace
2.4 CITY-ST-ZIP DAVIE FL 33325 ☒ Change ☐ Addition

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5.3-96 934.726.2537

CR2E034 (12/95)