

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 # **383672** (3)

1. Corporation Name
BAY ASSOCIATES, INC.



Principal Place of Business

600 E. RICHMOND
ORLANDO FL 32806

Mailing Address

600 E. RICHMOND
ORLANDO FL 32806

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 06/10/1971	3a. Date of Last Report 03/01/1995
4. FET Number 59-1407978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BASSETT, BARBARA L
600 RICHMOND
ORLANDO, FL
32806

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0907 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 607.0506, Florida Statutes.

SIGNATURE

(Print Name and Title of Signing Officer or Director)

(Print Registered Agent's name, registered office, and title)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME	V	<input type="checkbox"/> DELETE
12.1 TITLE	VAN DYKE, BONNIE M	
12.2 STREET ADDRESS	1938 HOFFNER	
12.3 CITY, ST, ZIP	ORLANDO, FL 00000	
12.4 NAME	PD	<input type="checkbox"/> DELETE
12.5 TITLE	VAN DYKE, R O	
12.6 STREET ADDRESS	1938 HOFFNER	
12.7 CITY, ST, ZIP	ORLANDO, FL 00000	
12.8 NAME	STD	<input type="checkbox"/> DELETE
12.9 TITLE	BASSETT, BARBARA L	
12.10 STREET ADDRESS	600 RICHMOND	
12.11 CITY, ST, ZIP	ORLANDO, FL 00000	
12.12 NAME		<input type="checkbox"/> DELETE
12.13 TITLE		
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I 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 included 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: *Barbara L. Bassett*

Barbara L. Bassett

2-23-96

(407) 423-2959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING OFFICE

CR2E034 (12/95)