

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 25 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 485114 (3)  
1. Corporation Name  
BAY AUTOMOTIVE AND MACHINE, INC.

Principal Place of Business Mailing Address  
36 W DEARBORN ST. 36 W DEARBORN ST.  
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |                              |  |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report      |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 09/26/1975  |  | 04/25/1996                   |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  | Applied For                  |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-1626272  |  | Not Applicable               |  |
| 24 Country                     |  | 29 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 owes or has paid the current year Intangible Personal Property Tax due June 30. |  | Yes No                       |  |

9. Name and Address of Current Registered Agent

MALLE, ROBERT R  
36 W DEARBORN ST  
ENGLEWOOD FL 34295-8257

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|--------------------|---|-------------------------|
| TITLE                      | V                  | 1.1 TITLE   | Change Addition         |
| NAME                       | MALLE, PATRICIA L  | 1.2 NAME  | 700002278347-9          |
| STREET ADDRESS             | 36 W DEARBORN ST   | 1.3 STREET ADDRESS                                    | -08/27/97--01058--005   |
| CITY-ST-ZIP                | ENGLEWOOD FL 34223 | 1.4 CITY-ST-ZIP                                       | *****165.00 *****165.00 |
| TITLE                      | PD                 | 2.1 TITLE   | Change Addition         |
| NAME                       | MALLE, ROBERT R    | 2.2 NAME  | 700002278347-9          |
| STREET ADDRESS             | 36 W DEARBORN ST   | 2.3 STREET ADDRESS                                    | -08/27/97--01058--006   |
| CITY-ST-ZIP                | ENGLEWOOD FL 34223 | 2.4 CITY-ST-ZIP                                       | *****8.75 *****8.75     |
| TITLE                      |                    | 3.1 TITLE   | Change Addition         |
| NAME                       |                    | 3.2 NAME  |                         |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                    | 3.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                    | 4.1 TITLE   | Change Addition         |
| NAME                       |                    | 4.2 NAME  |                         |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                    | 4.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                    | 5.1 TITLE   | Change Addition         |
| NAME                       |                    | 5.2 NAME  |                         |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                    | 6.1 TITLE   | Change Addition         |
| NAME                       |                    | 6.2 NAME  |                         |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                    | 6.4 CITY-ST-ZIP                                       |                         |

14. I do 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: ROBERT R MALLE PRESIDENT 08/20/97 041 474 4122

CR2E034 (4/97)

2 of 2

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BAY AUTOMOTIVE & MACHINE, INC.  
36 W. Dearborn St.  
Englewood, Fl. 34223

941-474-4132

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08-20-97

Florida Department of State  
Sandra B Mortham  
Secretary of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

Re: 1997 Profit Corporation Annual Report-2nd Notice

To Whom it May Concern:

I am writing in regard to our telephone conversation today, August 20, 1997, regarding the 2nd Notice for our Corporate Annual Report. As I told you today on the phone, I did not receive the 1st Notice, Corporate Annual Report,

Since our conversation, I have checked even further, and find no record of ever receiving the 1st notice.

Per our conversation today, I am enclosing a check in the amount of \$165.00, along with Document#485114, for Bay Automotive & Machine, Inc., FEI#59-1626272. I am also including a check for a Certificate of Status, in the amount of \$8.75.

Thank you for your help in this matter.

Sincerely,

*Robert R Malle President*  
ROBERT R MALLE  
President

PS: Please call me if this is not acceptable.