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 # **493390** **(9)**

1. Corporation Name

BAY AREA ACADEMY OF BUSINESS, INC.

Principal Place of Business	Mailing Address
3924 COCONUT PALM DRIVE TAMPA FL 33619 US	1 HANCOCK PL STE 1408 GULFPORT MS 39507-4508 US

3. Date Incorporated or Qualified: **12/31/1975**

3a. Date of Last Report: **03/20/1995**

4. FEI Number: **59-1639915** [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	PHILLIPS, GERALD C.	
STREET ADDRESS	ONE HANCOCK PLZA, #1408	
CITY-ST-ZIP	GULFPORT MS	
TITLE	STV	[ ] DELETE
NAME	PHILLIPS, ALTON	
STREET ADDRESS	ONE HANCOCK PLZ	
CITY-ST-ZIP	GULFPORT MS	
TITLE	AT	[ ] DELETE
NAME	PAQUIN, MARILYN J.	
STREET ADDRESS	ONE HANCOCK PLZ	
CITY-ST-ZIP	GULFPORT MS	
TITLE	AS	[ ] DELETE
NAME	KIMBERLING, C. RONALD	
STREET ADDRESS	ONE HANCOCK PLZ	
CITY-ST-ZIP	GULFPORT MS	
TITLE	AS	[✓] DELETE
NAME	ADDISON, EDWARD J.	
STREET ADDRESS	ONE HANCOCK PLAZA	
CITY-ST-ZIP	GULFPORT MS	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE	[ ] Change	[ ] Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE	[ ] Change	[ ] Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	[ ] Change	[ ] Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attached 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 added above with an address.

SIGNATURE: C. Ronald Kimberling C. Ronald Kimberling 3/28/96 601-864-6096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)