

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 493390 (9)

1. Corporation Name  
**BAY AREA ACADEMY OF BUSINESS, INC.**



Principal Place of Business <b>3924 COCONUT PALM DRIVE TAMPA FL 33619 US</b> <i>NONE</i>	Mailing Address <b>1 HANCOCK PL STE 1408 GULFPORT MS 39507 US</b>
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3. Date Incorporated or Qualified <b>12/31/1975</b>	3a. Date of Last Report <b>04/12/1996</b>
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2. Principal Place of Business 21 <b>One Hancock Plaza</b>	2a. Mailing Address 26 <b>One Hancock Plaza</b>
Suite, Apt. #, etc. 22 <b>Suite 1408</b>	Suite, Apt. #, etc. 27 <b>Suite 1408</b>
City & State 23 <b>Gulfport, MS.</b>	City & State 28 <b>Gulfport, MS.</b>
Zip 24 <b>39501</b>	Zip 29 <b>39501</b>
Country 25 <b>U.S.A.</b>	Country 30 <b>U.S.A.</b>

4. FEI Number <b>59-1639915</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS, GERALD C.</b>	
STREET ADDRESS	<b>ONE HANCOCK PLZA, #1408</b>	
CITY- ST- ZIP	<b>GULFPORT MS</b>	
TITLE	<b>STV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS, ALTON</b>	
STREET ADDRESS	<b>ONE HANCOCK PLZ</b>	
CITY- ST- ZIP	<b>GULFPORT MS</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>PAQUIN, MARILYN J.</b>	
STREET ADDRESS	<b>ONE HANCOCK PLZ</b>	
CITY- ST- ZIP	<b>GULFPORT MS</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIMBERLING, C. RONALD</b>	
STREET ADDRESS	<b>ONE HANCOCK PLZ</b>	
CITY- ST- ZIP	<b>GULFPORT MS</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Joseph A. Bondi</b>	
1.3 STREET ADDRESS	<b>One Hancock Plaza, Suite 1408</b>	
1.4 CITY- ST- ZIP	<b>Gulfport, MS. 39501</b>	
2.1 TITLE	<b>Vice President/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Gerald C. Phillips</b>	
2.3 STREET ADDRESS	<b>One Hancock Plaza, Suite 1408</b>	
2.4 CITY- ST- ZIP	<b>Gulfport, MS. 39501</b>	
3.1 TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Gerald C. Phillips</b>	
3.3 STREET ADDRESS	<b>One Hancock Plaza, Suite 1408</b>	
3.4 CITY- ST- ZIP	<b>Gulfport, MS. 39501</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 as changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/2/97** DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (9/96)