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

SIGNATURE: Signature of phinted name of signing officer on director

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

DOCUMENT # 578183

(6)

BAY-TREE ORGANIZATION, INC.

Principal Place of Business  3933 EDEN ROC CIR EAST TAMPA FL 33634  Mailing Address  3933 EDEN ROC CIR EAST TAMPA FL 33634				t sanidi ajini tahar thidi tigal 19:00	1311 Giğil Biğil Giğil Giğil Biğil Giğil (Gğ)
			EAST		
				<ol> <li>Date Incorporated or Qualified 07/10/1978</li> </ol>	3a. Date of Last Report 01/27/1995
2. Principal f ₂1	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite. Apt	ot. #. etc.	Suite, Apt. #, etc.		59-1839121	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country	Zip	Country	8. This corporation has liability for i	
:4	25  9. Name and Address of Curre	29 ent Registered Agent	[30]	Florida Statutes Yes  10. Name and Address of New R	
	V	All Hogistones rigorit	81 Name	10. Manie and wooless of New V	egistered Agent
SHINEF	R, SHIRLEY				
3933 EDEN ROC CIR, E			82 Street Add	dress (P.O. Box Number is Not Acceptable	ie)
	FL 33634		B3		
			84 City		7-17-0-4
··			'	oration submits this statement for the purp	FL 85 Zip Code
SIGNATURE.	Styriature, typed or printed name of registered age	init and title if applicable (N	IOTE: Ragistered Agent signature require		DATE
TILLE	P	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	
NAMÉ	SHINER, SHIRLEY		1.2 NAME		☐ Change ☐ Addition
STHELL ADDRESS	AAAA ERENI BAAA AIR E		13 STREET ADDRESS		
CHTY+ST+ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP		
THUE	DR	DELETE	2. 1 TITLE		Change Addition
NAME	SHINER, MERVIN		2 2 NAME		
STREET ADORESS	3933 EDEN ROC CIR E		2 3 STREET ADDRESS		
Title		DELETE	2 4 CITY-ST-ZIP		Park 1
NAMs		☐ percie	3 1 TITLE		Change Addition
STREET ADDRESS			32 NAME 33 STREET ADDRESS		
CITY: ST-ZIP			34 CITY-ST-ZIP		
THE.		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		C 4.10.84 C 1.104.141
STREET ADDRESS	1		4.3 STREET ADDRESS		
City-Si-ZiP			4.4 CITY - ST - ZIP		
THUE		□ DELETE	5 1 TITLE		Change Addition
NAME Outstanders			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-S1-ZIP TH, E		☐ DELETE	5.4 CHY-ST-ZIP		
NAME		Прин	6 1 TITLE		Change
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereb	bby certify that the information supplied	with this filing is voluntarily furr	6.4 CITY-ST-ZIP hished and does not qualify f	for the exemption stated in Section 119.0	17/31/k) Florida Statutes I further
oath; that	actrio silonnation indicated on this ann	iual report of supplemental ann oration or the receiver or truste	nual report is true and accura to empowered to execute thi	ate and that my signature shall have the s is report as required by Chapter 607, Flor	anna lanal afficial and if annuls condi-

Shell 19/96 813-884-7000