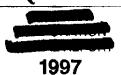
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMISTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J40346

(5)

BAHIA MANAGEMENT SERVICES INC.
REINSTATEMENT 1997

97 OCT 29 AM II: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA



					==={	
Principal Place of Business Mailing Address			A STATE OF THE STA			
C/O STEVE L. FEDORCHAK		C/O STEVE L. FEDORCHAK				
2186 BAHIA VISTA ST. SARASOTA FL 34239		2186 BAHIA VISTA ST. SARASOTA FL 34239		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last Report
					10/30/1986	05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2733634	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		S. Octambatic of States Desired	Fee Required	
City & St	tate	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country	28		Trust Fund Contribution	Added to Fees	
Zip	 - `	Country Zip Count		ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	[25] 9. Name and Address of Current	[29] Registered Agent	30		Personal Property 1ax due June 30. Yes No 10. Name and Address of New Registered Agent	
.10	ONES PATRICIA A		8	1 Name		sweet and and
	186 BAHIA VISTA ST.					
	ARASOTA FL 34239		82 Street Add		Bress (P.O. Box Number is Not Acceptat	ole)
CANADOTA 12 01200			8	3		
			_			
			8	4 City		FL 85 Zip Code
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. Section 607.0505, Florida Statutes.						
	Signature, typed or printed name of registered agen			geril signature requ	ired when reinstaling)	10-30-97
12.	OFFICERS AND	 And the control of the paper of the control of the co	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD Jones, Particia	☐ DELETE	1.1 TOLE			Change Addition
NAME	AAAA DALIIA URATA ATACCY		1.2 NAM		6000023	8363868
STREET ADDRES	SARASOTA FL			ET ADDRESS	-11/03/	9701107005
CITY-ST-ZIP TITLE			1.4 C/TY 2.1 TiTLE		***** 75	3363868 /9701107005 .000 **** 750-00
NAME :			22 NAM			C ounds C voncou
STREET ADDRES	2			ET ADDRESS		
CITY-ST-ZIP	5					
TITLE		DELETE	2.4 City-St-7/P 3.1 Title			Change Addition
NAME			3.2 NAM			• •
STREET ADDRES	s		3.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			3.4. CITY	- \$1-2IP		,
TITLE		☐ DELETE 4.1 TI			**************************************	Change Addition
NAME			4. 2 NAM	f		
STREET ADDRES	s		4.3 STRE	LT ADDRESS		
CITY-ST-ZIP			4.4 CITY	S1 - ZIP		
TITLE	1	☐ DELFTE	5.1 TITLE			☐ Change ☐ Addition
MAME			5.2 NAMI			
STREET ADDRES	s		5.3 STRE	ET ADDRESS	\wedge	41
CITY-ST-ZIP		The second second second	5.4 CHY-		/}_/	Ju -
YMLE		☐ DELETE	6.1 111LE		$\mathcal{U}_{\cdot,n}$	Change Addition
NAME			6.2 NAME		10	12919 1
STREET ADDRES	S			ET ADDRESS	· /	' ' ' ' '
CITY-ST-ZIP	l		6.4 CITY	-\$1 - ZIP	,	i .

14. I do heroby 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 receivor 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.