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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

J62333

(6)

BAY PARTNERS INSURANCE SERVICES, INCORPORATED

DAT I ATTICIO MODILATOL DETITIOLO, MODILI DILATED										
Principal Place	of Business	Mailing Address			- 	IN IIII PINII NIDI				
4724 OVERLOOK DR NE ST PETERSBURG FL 33703		4724 OVERLOOK DR NE ST PETERSBURG FL 33703								
						3. Date incorporated or Qualified 03/12/1987		of Last Re /01/199		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For		
21	u	26							Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #. etc.	27			5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			d to Fees	
Ζιρ	Country	Zφ	Country			8. This corporation has liability for		x under s	199.032,	
24	25 9. Name and Address of Cur	[29]	30	r		Florida Statutes Ye 10. Name and Address of New	S No	Agent		
	g, Halle and Hadrood of Odi	The state of the s		81	Vame	10. Hante and Address of Helf	registered .	· yent		
WALLER.	, JOHN L.			82 3		ss (P.O. Box Number is Not Accepta	lata\			
5801 ULMERTON ROAD				82 3	Street Addre:	ss (F.O. box Number is Not Accepta	uie)			
SUITE 10				83						
CLEARW	ATER FL 34620			84 (Dity			85 Zip	Code	
					-		FL			
or registere	ed agent, or both, in the State of F	lorida. Such change was autho	orized by the d	ve-nar corpora	ned corporal ation's board	tion submits this statement for the pu of directors. Thereby accept the app	irpose of cha pointment as	nging its re registered	egistered office agent. Lam	
	h, and accept the obligations of, S	ection 607.0505, Florida Statu	tes.					-	_	
SIGNATURE _	Styriature, typed or printed name of registeren a	gent and the if a; pin asks	(NOTE Registered	Auentisi	dinatore regionari s	Stans renestations	DATE			
12.	OFFICERS :	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	DP	☐ DELETE	111	TLE] Change	Addition	
NAME	BUZZA, ERIC M		1.2 N	AMÉ.						
STREET ADDRESS 4724 OVERLOOK DR NE			1.3 STREET ADDRESS		ORESS					
CITY-ST-ZP	ST. PETERSBURG FL	E bt tre		14 City - St - Z-P						
TITLE		☐ DELETE	2.1111(6				_	☐ Change	Addition	
NAME STREET ADDRESS				2.2 NAME						
CITY-ST-ZP			2.3 STREET ADDRESS 2.4 City - Sti-Zip							
TITLE	\	DELETE	3 1 TITLE		Y		<u>.</u>	1 Change	Addition	
NAME		ter-vel	3.2 NAME				_	_ g -		
STREET ADDRESS			3 3 S	TREET AC	DDRÉSS					
CITY-ST-ZIP			3.4 C	14-51-2	?iP					
TITLE		☐ DELETE	4 1 T	ITLE			Ĺ	Change	☐ Addition	
NAME			4 2 N	AM i						
STREET ADDRESS			4.3 S	REET AD	DRESS					
CITY-ST-ZIP		F) pr. erc		1Y-S1-2	I.P					
THLE		DELETE] Change	☐ Addition	
NAME			5 2 N							
STREET ADDRESS				HEET AD	1					
CITY-ST-ZIP THLE		DELETE	5 4 Ci 6 1 T	TY-ST-Z	(IP		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME		[] becch	62 N				L	T cuantic	☐ vonitio₁	
STREET ADDRESS				rvis Ireet ad	LIBESS.					
CITY-ST-ZIP				Tr-S1-2						
	y certify that the information supplied	ed with this filing is voluntarily f				the exemption stated in Section 119).07(3)(k), Fio	rida Statute	es. I further	

To be easy early that the information roughless with this liming is voluntarily further bear dooes not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. From certify that the information inclosed 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 eath; that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

THE THE OR PRINTED NAME OF SLAWING OFFICER OR DEEDTOR

4/18/96 526-2238

CR2E034 (12/95)