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 # **L20093** **(5)**

1. Corporation Name
BAY INTERNATIONAL MARKETING INC.

Principal Place of Business	Mailing Address
259 CYPRESS LANE P.O. BOX 220 ← delete OLDSMAR FL 34677 US	P. O. BOX 220 ← delete 237 DUNBAR CT. OLDSMAR FL 34677 US

2. Principal Place of Business	2a. Mailing Address
21 90 JOANNE PLACE	26 90 JOANNE PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OLDSMAR, FL	City & State 28 OLDSMAR, FL 34677
Zip 24 34677 / Country 25 PINELLAS	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/02/1989**
3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-2970928** ☐ 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

9. **Name and Address of Current Registered Agent**

NAGLE, GAIL G
259 CYPRESS LANE ← delete
P. O. BOX 220 ← delete
OLDSMAR FL 34677

10. **Name and Address of New Registered Agent**

81 Name: GAIL G. NAGLE
82 Street Address (P.O. Box Number is Not Acceptable): 90 JOANNE PLACE
83
84 City: OLDSMAR, FL **FL** 85 Zip Code: 34677

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS NAGLE, GAIL 259 CYPRESS LANE OLDSMAR FL	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	90 JOANNE PLACE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLANCEY, NONI 50 DALE PLACE OLDSMAR FL	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYTON, ROBERT J. 259 CYPRESS LANE OLDSMAR FL	☒ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Gail G. Nagle GAIL G. NAGLE 2/8/96 800-634-5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #