


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90081 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002851					
1. Corporation Name BAY WORLD PUBLIC TRUST, INC.					
Principal Place of Business 708 S. DAVIS BLVD. TAMPA FL 33606-3914			Mailing Address 708 S. DAVIS BLVD. TAMPA FL 33606-3914		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3431253	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
COSENTINO, CORNELIUS 708 S. DAVIS BLVD. TAMPA FL 33606-3914			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE: <i>Cornelius Cosentino</i> <i>Cornelius Cosentino</i> 5/ /99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME COSENTINO, CORNELIUS					
STREET ADDRESS 708 S. DAVIS BLVD.					
CITY-ST-ZIP TAMPA FL 33606-3914					
1.2 TITLE <input checked="" type="checkbox"/> DELETE					
NAME COSENTINO, MARIA					
STREET ADDRESS 708 S DAVIS BLVD					
CITY-ST-ZIP TAMPA FL 33606					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME WILLIAMS, RUSSELL					
STREET ADDRESS 115 N. HUBERT AVE., #6					
CITY-ST-ZIP TAMPA FL 33609					
1.4 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.5 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
1.6 TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME COSENTINO, CORNELIUS					
STREET ADDRESS 708 S. DAVIS BLVD					
CITY-ST-ZIP TAMPA FL 33606					
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
NAME CARDUCCI, MICHAEL J.					
STREET ADDRESS 1427 CLARION DRIVE					
CITY-ST-ZIP VALRICO, Florida 33594					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME WILLIAMS, RUSSELL					
STREET ADDRESS 115 N. HUBERT AVE., #6					
CITY-ST-ZIP TAMPA, Florida 33609					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cornelius Cosentino* 5/ /99 813-251-4669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)