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 # **P35135** **(3)**

1. Corporation Name

BAYLAND, LTD. INC.

Principal Place of Business	Mailing Address
P.O. BOX 1876 HAMILTON HMHX BURMUDA	P.O. BOX 1876 HAMILTON HMHX BURMUDA

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **08/16/1991**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **52-1303169** [ ] 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

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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 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 *S Armstrong* DATE *Mar 11 /96*

12. OFFICERS AND DIRECTORS

TITLE	PCD	[ ] DELETE
NAME	DAVISON, MORMAN M	
STREET ADDRESS	DEVONDALE, S. DEVONDALE	
CITY-ST-ZIP	DEVONSHIRE, BERMUDA	
TITLE	VD	[ ] DELETE
NAME	DAVISON, RAHCEL I	
STREET ADDRESS	DEVONDALE, S. DEVONDALE	
CITY-ST-ZIP	DEVONSHIRE, BERMUDA	
TITLE	~~ST~~	[✓] DELETE
NAME	~~RILEY, JAMES MARTIN~~	
STREET ADDRESS	~~24 VALLEY HIGHTS RD~~	
CITY-ST-ZIP	~~DEVONSHIRE BE~~	
TITLE	ST	[ ] DELETE
NAME	ARMSTRONG SUSAN	
STREET ADDRESS	6 CAMDEN NORTH	
CITY-ST-ZIP	PAGET, BERMUDA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		[ ] Change [ ] Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		[ ] Change [ ] Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		[ ] Change [ ] Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		[ ] Change [ ] Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		[ ] Change [ ] Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		[ ] Change [ ] Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

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: *S Armstrong* *Mar 11 /96* *809-292-1556*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone