

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 P.O. BOX 1876 HAMILTON HMHX BERMUDA	Mailing Address P.O. BOX 1876 HAMILTON HMHX BERMUDA
---	---

3. Date Incorporated or Qualified 08/16/1991	3a. Date of Last Report 04/02/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 52-1303169 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																								
<table><tr><td>TITLE</td><td>PCD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DAVISON, NORMAN M</td><td></td></tr><tr><td>STREET ADDRESS</td><td>DEVONDALE, S. DEVONDALE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>DEVONSHIRE, BERMUDA</td><td></td></tr><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>DAVISON, RAHCEL I</td><td></td></tr><tr><td>STREET ADDRESS</td><td>DEVONDALE, S. DEVONDALE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>DEVONSHIRE, BERMUDA</td><td></td></tr><tr><td>TITLE</td><td>ST</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>ARMSTRONG, SUSAN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6 CAM DEN NORTH</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>PAGET BE</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>	TITLE	PCD	<input type="checkbox"/> DELETE	NAME	DAVISON, NORMAN M		STREET ADDRESS	DEVONDALE, S. DEVONDALE		CITY - ST - ZIP	DEVONSHIRE, BERMUDA		TITLE	VD	<input type="checkbox"/> DELETE	NAME	DAVISON, RAHCEL I		STREET ADDRESS	DEVONDALE, S. DEVONDALE		CITY - ST - ZIP	DEVONSHIRE, BERMUDA		TITLE	ST	<input type="checkbox"/> DELETE	NAME	ARMSTRONG, SUSAN		STREET ADDRESS	6 CAM DEN NORTH		CITY - ST - ZIP	PAGET BE		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			<table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY - ST - ZIP</td><td></td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY - ST - ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY - ST - ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td></tr><tr><td>4.4 CITY - ST - ZIP</td><td></td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY - ST - ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY - ST - ZIP</td><td></td></tr></table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE	PCD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	DAVISON, NORMAN M																																																																																																																								
STREET ADDRESS	DEVONDALE, S. DEVONDALE																																																																																																																								
CITY - ST - ZIP	DEVONSHIRE, BERMUDA																																																																																																																								
TITLE	VD	<input type="checkbox"/> DELETE																																																																																																																							
NAME	DAVISON, RAHCEL I																																																																																																																								
STREET ADDRESS	DEVONDALE, S. DEVONDALE																																																																																																																								
CITY - ST - ZIP	DEVONSHIRE, BERMUDA																																																																																																																								
TITLE	ST	<input type="checkbox"/> DELETE																																																																																																																							
NAME	ARMSTRONG, SUSAN																																																																																																																								
STREET ADDRESS	6 CAM DEN NORTH																																																																																																																								
CITY - ST - ZIP	PAGET BE																																																																																																																								
TITLE		<input type="checkbox"/> DELETE																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY - ST - ZIP																																																																																																																									
TITLE		<input type="checkbox"/> DELETE																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY - ST - ZIP																																																																																																																									
TITLE		<input type="checkbox"/> DELETE																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY - ST - ZIP																																																																																																																									
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
1.2 NAME																																																																																																																									
1.3 STREET ADDRESS																																																																																																																									
1.4 CITY - ST - ZIP																																																																																																																									
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
2.2 NAME																																																																																																																									
2.3 STREET ADDRESS																																																																																																																									
2.4 CITY - ST - ZIP																																																																																																																									
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
3.2 NAME																																																																																																																									
3.3 STREET ADDRESS																																																																																																																									
3.4 CITY - ST - ZIP																																																																																																																									
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
4.2 NAME																																																																																																																									
4.3 STREET ADDRESS																																																																																																																									
4.4 CITY - ST - ZIP																																																																																																																									
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
5.2 NAME																																																																																																																									
5.3 STREET ADDRESS																																																																																																																									
5.4 CITY - ST - ZIP																																																																																																																									
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
6.2 NAME																																																																																																																									
6.3 STREET ADDRESS																																																																																																																									
6.4 CITY - ST - ZIP																																																																																																																									

14. I do 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 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

Jan 20/97

441-292-1556

CR2E034 (9/96)