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FILED

Feb 10 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 # P93000005751 (1)

1. Corporation Name  
BAY SCALLOP, INC.



Principal Place of Business  
727 SCALLOP DR.  
CAPE CANAVERAL FL 32920

Mailing Address  
727 SCALLOP DR.  
CAPE CANAVERAL FL 32920-4507

3. Date Incorporated or Qualified  
01/19/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

SCOTT, ALLEN C. D II  
727 SCALLOP DR.  
CAPE CANAVERAL FL 32920

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SCOTT, ALLEN C. D II</del>	
STREET ADDRESS	<del>727 SCALLOP DR.</del>	
CITY-ST-ZIP	<del>CAPE CANAVERAL FL 32920</del>	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	ROSEN, JONATHAN	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HALPER, NORMAN	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	NIMKOFF, ROBERT	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	S/T/D	<input type="checkbox"/> DELETE
NAME	BERGMAN, HARRY	
STREET ADDRESS	302 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK, NY	
TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE
NAME	ARLENE STUMBRIS	
STREET ADDRESS	5728 FLINT ROAD	
CITY-ST-ZIP	COCOA, FLORIDA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: Arlene M. Stumbris ARLENE M. STUMBRIS 2/3/97 407-799-2860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)