FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sancra p. Mortna i

Secretary of State

1996	Se Miles	DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name	P9300004	3367 (0)
BAY AREA AMUSEI	MENTS, INC.	
Principal Place of Business	Mail	ng Address
4814 KITTY HAWK CIRCLE GULFBREEZE FL 32561 US	F () ()	O BOX 6151 Gule-Breeze fl 32561 US



					3. Date Incorporated or Qualified 06/14/1993	1	ate of Last Report	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	1		pplied For
21		26 4814 KiTT	Y HAW	K CIRCLE	59-3190057			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		is chess		_, \$	8.75	Additional
22		27			5. Certificate of Status Desired		Fee F	lequired
City & State		City & State			6. Election Campaign Financing	<u> </u>	\$5.00	May Be
23		28 GULF BR	28 GULF BREEZE, FL		Trust Fund Contribution	1 1	•	to Fees
Zip	Country	Zip	Country	~	8. This corporation has liability for	intangible tax un	ider s	199.032
24	25	29 32561	30	2	Florida Statutes	□ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legistered Age	nl	
			81	Name				
DILLON.	, Frederick B Jr.		82	Street Addre	ss (P.O. Box Nuruber is Not Acceptab	ole:		
4814 KITTY HAWK CIRCLE			"	- Career Address	55 (1)			
,	REEZE FL 32561		83	Ī				
40Ci D			<u> </u>	ļ			<u>. 1 ~</u>	0-4-
			84	City		FL 8	5 ZIP	Code
or registere familiar with SIGNATURE	the provisions of Sections 697.0502 d agent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such change was authorize on 607.0505, Florida Statutes	ed by the con	named corpora oration's board of squature requirement	tion submits this statement for the pur of directors. Thereby accept the app	rpose of changir ointment as regi	ng its re stered	egistered office agent. Lam
12.	of FICERS AND		1 13.	or adhenorated man	ADDITIONS/CHANGES TO OFF		ECTO	RS IN 12
TITLE	PD OFFICENS AND	DELEJE	1.1 Tille	1	. 25/110/10/01/10/01/01/01			Addition
NAME	DILLON, FREDERICK B JR.		1.2 NAME				- 3	
STREET ADDRESS	4814 KITTY HAWK CIRCLE			I ADDRESS				
-	GULF BREEZE FL							
CITY - S1 - ZIP TITLE	GULF BREEZE FL	☐ DELETE	1.4 CITY 2.1 TITLE	51 - (II)			hange	☐ Addition
NAME			2.2 NAME			L v	go	
				1.40001.00				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		DELETE	24 CHY- 3 1 HTLE	ST-ZIP		ПС	hanne	Addition
TITLE		L-1 precie	1				nange	L] Addition
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS				
City-St-ZiP		□ DELETE	3.4 CITY -	51 - ZIF		П С	hanna	Addition
TITLE			4. 1 THILE			Цζ	maniñe	□ Modition
NAME			4.2 NAME					
STREET ADDRESS				LADDRESS				
CITY-S1-ZIP		Filoritat	4.4 CITY -	ST-7IF			hones	FT Addition
TITLE		☐ DELETE	5. 1 TITLE			□ c	nange	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	1 ADDRESS				
CITY - ST - ZIP	 		5.4 C•TY-	ST-ZIP		·		F71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		DELETE	6 1 TITLE				nange	Control Addition
			6.2 NAME					
NAME								
NAME STREET ADDRESS				1 ADDRESS				

14. To o nereby certify that the information supplied with this filing is voluntarily turnished and does not quarry for the exemption stated in Section 119 0/(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliermental annual report is true and accurate and that my signature shall have the same logal 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: Judinia BD

FREDERICKB, DILLER, JR.

3-22-96....

(904) 932-2909