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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000088065 (6)

BAY TUNE UP, INC.

| Principal Place                   | e of Business                                       | ng Addross  |  |                               |             | T THE REPORT OF THE PROPERTY O | ii ediai isisi   | (\$(0) \$6(0 E)))                     | AC ARRI PANI  |               |  |
|-----------------------------------|---|---|--|-------------------------------|-------------|--|--|---------------------------------------|---------------|---------------|--|
| 1214 AIRPORT<br>PANAMA CITY<br>US | ROAD<br>FL 32405                                    |   | 213 W. 33RD PLACE<br>Panama City FL 32405-3301<br>US |                               |             |  |  |                                       |               |               |  |
| "                                 |   |   |  |                               |             |  | 3. Date Incorporated or Qualified                                      |                                       | to of Last R  | eport         |  |
|                                   |   |   |  |                               |             |  | 01/01/1994   | 04/                                   | 12/1996       |               |  |
|                                   | lace of Business                                    | <b></b>   | 2a. Mailing Address                                  |                               |             |  | 4. FEI Number  |                                       | - <del></del> | oplied For    |  |
| Suite, Apt.                       | # 00  | 26  | Suite, Apt #, etc.                                   |                               |             |  | 59-32 15405   Not Applicable   \$8.75 Additional                       |                                       |               |               |  |
| 22                                |   | 27  | 27   |                               |             |  | 5. Certificate of Status Desired                                       |                                       | <b>-</b>      | equired       |  |
| City & State                      | 6   | 28  | City & State   |                               |             | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |  |                                       |               |               |  |
| Zip                               | Countr  | y Z   | Zip Country  |                               |             |  | 8. This corporation has liability for intangible tax under s. 199.032, |                                       |               |               |  |
| 24                                |   |   | [29] [30]  |                               |             | Florida Statutes   |  | Yes No                                |               |               |  |
|                                   |   | ss of Current Registe                               | red Agent  |                               | 4           |  | 10. Name and Address of New Re   | gistered A                            | rgent         |               |  |
|                                   | MMAGE, DAVID M                                      |   |  | 8                             | 1 Na        | ne   |  |                                       |               |               |  |
|                                   | W. 33RD PLACE                                       |   |  |                               |             | eel Addre  | Address (P.O. Box Number is Not Acceptable)                            |                                       |               |               |  |
| PAN                               | NAMA CITY FL 32405                                  |   |  | 8                             | 3           |  |  |                                       |               |               |  |
|                                   |   |   |  | В                             | 4 Cit       |  |  |                                       | 85 Zip (      | Code          |  |
| 11. Pursuant                      | to the provisions of Sec                            | liona 987.0502 and 607                              | 7.1508, Florida Statu                                | ites, the abo                 | ve-nan      | ned corpo  | ration submits this statement for the p                                | FL<br>ourpose of                      | changing it   | ts registered |  |
| office or re<br>agent. La         | registered agent, or bot<br>m familiar with, and co | if the State of Florida<br>cept the obligations of, | i. Such change was<br>Section 607.0505. F            | authorized l<br>Iorida Statut | by the les. | corporatio   | on's board of directors. I hereby accep                                | ot the app                            | ointment as   | registered    |  |
| SIGNATURE                         | To Market   | Quegislared agent and title if a                    | Pavid m .7   | Kumma                         | gen son     | l're   | sident<br>When reinstating)  | DATE DATE                             | 21-97         |               |  |
| 12.                               | 6   | FFICERS AND DIRECT                                  | · · · · · · · · · · · · · · · · · · ·                | 13.                           | ·           |  | ADDITIONS/CHANGES TO OFFIC   | ERS AND                               | DIRECTOR      | RS IN 12      |  |
| TITLE                             | P.  |   | DELETE   | 1.1 1111.6                    |             |  |  |                                       | Change        | Addition      |  |
| NAME                              | RUMMAGE, DAVID                                      |   |  | 12 NAM                        |             |  |  |                                       |               |               |  |
| STREET ADDRESS                    | 213 W. 33RD PLAC                                    | DE  |  | 1.3 STRE                      | et addre    | :SS  |  |                                       |               |               |  |
| CITY-ST-ZIP                       | PANAMA CITY FL                                      |   |  | 1.4 CHY                       | ST-ZIP      |  |  |                                       |               |               |  |
| TITLE                             | ST  |   | DELETE   | 2.1 11118                     |             |  |  |                                       | Change        | Addition      |  |
| NAME                              | RUMMAGE, PATRI                                      |   |  | 2.2 NAM                       |             |  |  |                                       |               | i             |  |
| STREET ADDRESS                    | 213 W. 33RD PLAC                                    | Œ   |  | 2.3 S1RE                      |             | SS   |  | 47.3                                  |               |               |  |
| CITY-ST-ZIP                       | PANAMA CITY FL                                      |   | DELETE   | 2. 4 CITY                     |             |  |  |                                       | Chanca        | Addition      |  |
| TITLE                             |   |   | □ ptrut  | 3.1 TITLE                     |             |  |  |                                       | Change        | Addition      |  |
| NAME<br>STREET ADDRESS            |   |   |  | 3.2 NAM<br>3.3 STRE           |             | 20:  |  |                                       |               |               |  |
| CITY-ST-ZIP                       |   |   |  | 3 4. CITY                     |             | .55  |  |                                       |               |               |  |
| TITLE                             |   |   | DELETE   | 4.1 TITLE                     |             |  |  | · · · · · · · · · · · · · · · · · · · | Change        | Addition      |  |
| NAME                              |   |   | _  | 4. 2 NAV                      |             |  |  |                                       | •             |               |  |
| STREET ADDRESS                    |   |   |  | 4.3 STRE                      |             | SS.  |  |                                       |               |               |  |
| CITY-ST-ZIP                       |   |   |  | 4.4 CITY                      |             |  |  |                                       |               |               |  |
| TITLE                             |   |   | DELETE   | 5.1 TITUE                     |             |  |  |                                       | Change        | Addition      |  |
| NAME                              |   |   |  | 5.2 NAM                       |             | 1  |  |                                       |               | }             |  |
| STREET ADDRESS                    |   |   |  | 53 STRE                       | et addre    | ss   |  |                                       |               |               |  |
| CITY-ST-ZIP                       |   |   |  | 5.4 CITY                      | ST-ZIP      |  |  |                                       |               |               |  |
| TITLE                             |   |   | DELETE   | 6.1 TITLE                     |             | [  |  |                                       | Change        | Addition      |  |
| NAME                              |   |   |  | 6.2 NAM                       |             |  |  |                                       |               |               |  |
| STREET ADDRESS                    |   |   |  | 6.3 STRE                      | ET ADORE    | .\$\$  |  |                                       |               |               |  |
| CITY-ST-7IP                       |   |   |  | 6.4 CHY                       | S1-2IP      |  |  |                                       |               |               |  |

14. I do hereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation or the occiver or mustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

nmage Pracident yoular (any Trungars