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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: >

DOCUMENT # P9400045822 (1)

1. Corporation Name

BAY AREA MARKETING LTD. COMPANY

Principal Place of Business Mailing Address							/0111 B8(11 08111 01001 B1)	81 18110 11811 1181 1831
6744 TWENTY-NINTH STREET SOUTH 6744 TWENTY-NINT ST. PETERSBURG FL 33712 ST. PETERSBURG								
						3. Date Incorporated or Qualified 06/01/1994	3a. Date of Las 06/26	t Report /1995
2. Principal Pla	ce of Business	2a. Mailing /	Address			4. f El Number		Applied For
Suite, Apt. #	ote	26				59-3250323	<u>.</u>	Not Applicable
22)			Suite, Apt #, etc.		5. Certificate of Status Desired		75 Additional	
City & State			City & State			6. Election Campaign Financing		e Required
23		28				Trust Fund Contribution		.00 May Be ded to Fees
Z _I p	Country	Zip		Coun	iry	8. This corporation has liability for		
24	25	29		30		Florida Statutes 🔲 Yes	S ∐ No	
	9. Name and Address of Curr	ent Registered Ag	ent		.T	10. Name and Address of New F	Registered Agent	
CDADK	S, ROBERT B			Į*	1 Name			
	wenty-Ninth Street Sout	THI .		8	2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
ST. PETERSBURG FL 33712					3			
• • • • • • • • • • • • • • • • • • • •	TENDESTICATE OUT IE			°	3			
				8	4 City		—. 85	Zip Code
11. Pursuant to	the provisions of Sections 607 066	02 and 607 1508 E	ondo Statut	00 the abo		oration submits this statement for the pu	FL L	
familiar with	d agent, or both, in the State of Flo i, and accept the obligations of, So 				rporation's boa	oration submits this statement for the pul ard of directors. Thereby accept the app	oiritment as register	s registered office red agent. I am
SIGNATURE _s	igriature, typeri or princip care, of registered age	ntace be tacque able		OLE Boardered A	ent sonat re renou	ed what recaling g	CA?L	
12.	OFFICERS A	NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	DP		DELETE	1. 1 TIFE	F		☐ Chang	
NAME	SPARKS, ROBERT B			1.2 NAM	E			
STHEET ADDRESS	6744 TWENTY-NINTH STE	REET SOUTH		13 STRE	ET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			14 CITY	· ST · ZIP			
TITLE			DELETE	2 1 TITU	:	•	☐ Chang	e 🔲 Addition
NAME				2 2 NAM				
STREET ADDRESS				2 3 STRE	ET ADDRESS			
DITY-ST ZIP			DELETE	2.4 City				
NAME			DLLETE	3 1 11111			Change	€ ☐ Addition
STREET ADDRESS				3.2 NAM	.			
CITY-ST-ZIP				3.4 STHE	ET ADORESS			
TITLE		П	DELETE	4 1 TITLE			C Chaon	o El Addition
NAME			-	4 2 NAM5			☐ Change	e Addition
STREET ADDRESS					T ADDRESS			
CITY - ST - ZIP				44 011 4				
TITLE			DELETE	5 1 THTLE			Change	Addition
NAME				5.2 NAME			L.J. w. sange	
STREET ADDRESS				5 3 STREE	T ADDRESS			i
CITY-ST-ZIP				5.4 CITY	ST-ZIP			
TITLE			DELETE	6 1 THLE			Change	Addition
NAME				6.2 NAME				İ
STREET ADDRESS				6.3 STREE	I ADDRESS			
City-St-ZiP	and full better in f			6.4 City	ST - ZIF			
oath; that I a		oration or the receiv	er or trustee	an report is ti connovered		for the exemption stated in Section 119. ate and that my signature shall have the is report as required by Chapter 607, Flo		

SNING OFFICER OR DIRECTOR