

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

PROFIT.  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 SEP -2 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000073694**  
1. Corporation Name  
**Business Associates International, Inc.**  
(BAI)

Principal Place of Business

Mailing Address

**412 Summit Ridge Place #214**  
**Longwood, FL 32779**

3. Date Incorporated or Qualified <b>9-95 or 1994</b>	3a. Date of Last Report <b>6-96</b>
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>412 Summit Ridge Pl.</b>	26 <b>(same)</b>
Suite, Apt. #, etc. 22 <b># 214</b>	Suite, Apt. #, etc.
City & State 23 <b>Longwood, FL</b>	City & State
Zip 24 <b>32779</b>	Country 25 <b>USA</b>
26	27
28	29
30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>PAMELA Ann CARMAN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>412 Summit Ridge Place #214</b>
83
84 City <b>Longwood</b>
85 Zip Code <b>FL 32779</b>

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	<input type="checkbox"/> DELETE
NAME	<b>President</b>
STREET ADDRESS	<b>PAMELA Ann CARMAN</b>
CITY-ST-ZIP	<b>412 Summit Ridge Place #214</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
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:

**Pamela Ann Carman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-20-97**  
Date

Daytime Phone #

CR 12/24 (9/96)

208

August 20, 1997

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

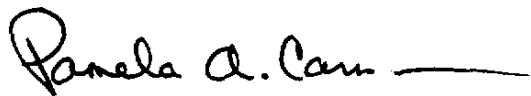
Dear Ladies and Gentlemen:

This letter is to let you know that I moved my corporation, Business Associates International, Inc. the first of this year. I did not receive an annual report statement. I called and requested one from your office, please find the completed copy attached.

When I spoke with Aalan of your office, she explained that if I wrote a letter explaining that my mail was not forwarded from the executive suite post office box. That my filing fee would be \$165.00. Please find my check enclosed.

Please let me know if you need any additional information.

Sincerely,



Pamela A. Carman  
President

165.00 Filing  
8.75 certificate  
of State  
\$ 173.75