

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000078426  
1. Corporation Name

Bayjen Bay, Inc.

Principal Place of Business <b>5000 Gasparilla Road Village Home #54 Boca Grande, FL 33921</b>	Mailing Address <b>5000 Gasparilla Road Village Home #54 Boca Grande, FL 33921</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Bayjen Bay, Inc.</b> Suite, Apt. #, etc 22 <b>2707 Cape Coral PKWY W.</b> City & State 23 <b>Cape Coral, FL</b> Zip 24 <b>33914</b>	2a. Mailing Address 26 <b>Bayjen Bay, Inc.</b> Suite, Apt. #, etc 27 <b>P.O. Box 1618</b> City & State 28 <b>Cape Coral, FL</b> Zip 29 <b>33910</b>	3. Date Incorporated or Qualified <b>10/25/94</b> 4. FEI Number <b>65-0563039</b> 5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**Bacovsky, Alexander  
5000 Gasparilla Road #54  
Boca Grande, FL 33921**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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 (NOT: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P,S,T,D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bacovsky, Alexander</b>	12 NAME	
STREET ADDRESS	<b>5000 Gasparilla Road #54</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>Boca Grande, FL 33921</b>	14 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Netchiounas, Mindaougas</b>	22 NAME	<b>Howard, Steve</b>
STREET ADDRESS	<b>5948 Elton Road</b>	23 STREET ADDRESS	<b>28611 64th St. SW Unit A</b>
CITY-ST-ZIP	<b>Venice, FL 34293</b>	24 CITY-ST-ZIP	<b>Naples, FL 34105</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 supplement 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/97)