Jun 21, 1999 8:00 am Secretary of State

06-21-1999 90006 027 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079067

1. Corporation Name

BAY AREA & CROWN COMMUNICATIONS, INC.

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Principal Place	e of Business	Mailing Add	tress				()003/100/1 (0 /010/10/10/10/10/10/10/10/10/10/10/10/10		, 10616 16111 Barre	
625 GRAND CE	NTRAL	625 GRAND	CENTRAL							
CLEARWATER FL 33756 CL			R FL 33756				DO NOT	TIMESTE IN THE	C CDACE	
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
			·	_			10/12/1995	alifed 		
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		Αp	plied For
21		26					65-0617028			t Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certifcate of Status Desi	red 🔲 -	\$8.75 /	
22		27			~		. Ocionocto di Camara a con		~Fee Re	quired ~ `
City & Stat	e	City & S	State				6. Election Campaign Finar	ncing 🗀	\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Cour	ntry		8. This corporation owes th	e current year l		
24	25	29		30			Personal Property Tax.		☑ Yes	□No
	9. Name and Address of Curre	nt Registered Ag	gen <u>t</u>	 +	04 .		10. Name and Address of	New Registere	d Agent	-
MCC	CLOUD, VIRGINIA M			ŀ	81 1	Name				}
	GRAND CENTRAL		÷	ŀ	82 S	Street Addre	ess (P.O. Box Number is Not A	cceptable)		
				ļ						
ULE/	ARWATER FL 34616			\ \	83					\
•				}	84 (City			85 Zip (Code
						•	•	F	L	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508,	Florida Statut	es, the ab	ove-n	amed corpo	pration submits this statement for	or the purpose	of changing its	registered
office or r	registered agent, or both, in the State om familiar with, and accept the obliga-	e of Florida. Such ations of Section	607.0505. Flo	utnorizeu rida Statu	by life	e corporado	in a board or directors. Thereby	accept the app	omanem as re	gistered
					nco.					
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SIGNATURE	Signature, typed or printed name of registered age					gnature required	when reinstating)	DATE		
	Signature, typed or printed name of registered age OFFICERS AI		. (NOTE			gnature required	when reinstating) ADDITIONS/CHANGES T			
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable.		: Registered	Agent sig	gnature required			ND DIRECTO ☐ Change	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI PMD MCCLOUD, BENTON W	ent and title if applicable.	. (NOTE	: Registered	Agent sig	gnature required				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable.	. (NOTE	13. 1.1 TIT	Agent sig					
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI PMD MCCLOUD, BENTON W	ent and title if applicable.	. (NOTE	13. 1.1 TITI 1.2 NAI	Agent sig	DDRESS				☐ Addition
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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 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, with all other like empowered.

SIGNATURE:

IGNATURE NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/98

721 448-0496