

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095578 (7)
 1. Corporation Name
BAYWIDE COLLATING, INC.



Principal Place of Business 801 EAST WASHINGTON STREET TAMPA FL 33602 US	Mailing Address 3906 ROSEDALE DRIVE BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country		3. Date Incorporated or Qualified 12/14/1995		4. FEI Number 59-3354999		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				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			

9. Name and Address of Current Registered Agent ROUTMAN, NANCY C 3906 ROSEDALE DRIVE BRANDON FL 33511				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P STEVEN D NEVILLE <input type="checkbox"/> DELETE	1.1 TITLE	P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN D NEVILLE	1.2 NAME	
STREET ADDRESS	3506 W AZEELE S	1.3 STREET ADDRESS	3619 S. Coolidge Ave
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	V TERRY J TREKAS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY J TREKAS	2.2 NAME	
STREET ADDRESS	911 SUNRIDGE PT. DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	V JOEL C ROUTMAN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL C ROUTMAN	3.2 NAME	
STREET ADDRESS	3906 ROSEDALE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE	ST NANCY C ROUTMAN <input type="checkbox"/> DELETE	4.1 TITLE	ST/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY C ROUTMAN	4.2 NAME	
STREET ADDRESS	3906 ROSEDALE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Nancy C Routman 3-3-98 (813) 223 0066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0361420

CR2E034 (10/97)