

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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000006727**
1. Corporation Name

BAY SALES & ASSOCIATES, Inc.

Principal Place of Business Mailing Address

**2603 Cozumel Drive
Tampa, Florida 33618-1903**

3. Date Incorporated or Qualified **January 12, 1996** 3a. Date of Last Report **1st**

4. FEI Number **59-3362150** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2603 Cozumel Drive	26 2603 Cozumel Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tampa, Florida	28 Tampa, Florida
Zip Country	Zip Country
24 33618-1903 USA	29 33618-1903 USA

9. Name and Address of Current Registered Agent

**Kleinkort, Michael G.
2603 Cozumel Drive
Tampa, FL 33618-1903**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 translating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Barbara A. Kleinkort	1.2 NAME	
STREET ADDRESS	2603 Cozumel Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33618-1903	1.4 CITY-ST-ZIP	
TITLE	Sec./Tres. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Michael G. Kleinkort	2.2 NAME	
STREET ADDRESS	2603 Cozumel Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33618-1903	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my address.

SIGNATURE: _____ April 16, '97(813) 963-2157

CR2E034 (9/96)