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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089950 (5)

BAY AREA ENTERPRISES, INC.

**FILED** May 12 1998 8:00am Secretary of State



									<b>!                                      </b>	
Principal Place of Business Mailing Address										
1245 COURT STREET SUITE 102 CLEARWATER FL 34018 33756		1245 COURT STREET SUITE 102 CLEARWATER FL 84016 33757		า		DO NOT WRITE IN THIS SPACE				
		· 				3. Date Incorporated or Qualified 10/31/1996				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For	
21		26				59-3408589			t Applicable	
Suite, Apt. (		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 A	quired	
City & State		City & State				6. Election Campaign Financing		\$5.00 Added t		
Zip Country		<b>28</b> Z <sub>(D)</sub>	Zip Country			Trust Fund Contribution  8. This corporation owes or has pa				
24	25	29	30	,		Personal Property Tax due June 30.  Yes No				
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
GA!	SSMAN, ALAN S ESQ			B1 Nan	ne					
124	5 COURT STREET TE 102		-	B2 Stre	et Addre	ess (P.O. Box Number is Not Acceptal	ole)			
	ile iuz E <b>ARWATER FL 34818</b> 337572	u	83							
OL.	SHIMAICH E GIGIO G F 7 G E	•		B4 City	,			<b>85</b> Zip (	Code	
		0.007.44.00 Et				ation and refer this statement for the	FL	handles it	n registered	
office or re	o the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the oblig	-of Florida, Such change was,	authorized	by the c	ea corpo corporatio	oration submits this statement for the on's board of directors. I hereby acce	pt the appoi	ntment as	registered	
SIGNATURE							DATE			
12.	Signature typed or printed name of registered ago OFFICERS AN	D DIRECTORS	13.	Agent signa	ture require	nd when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
TITLE	<b>D</b>	DELETE	1.1 रे(1)			Nobilional of Marce 18 of 18		Change	Addition	
NAME	SANCHEZ, ROBERT		1.2 NA	ΛE						
STREET ADDRESS		4444		EET ADDRES	ss					
CITY-ST-ZIP	LABOA EL AAREN		1.4 CIT	Y - ST - ZIP						
TITLE	D	DELETE	2.1 TIT	.£				Change	☐ Addition	
NAME	SANCHEZ, LADONNA		2.2 NA	NE						
STREET ADDRESS	10297 MULBERRY WAY		2.3 STF	EET ADDRES	ss					
CITY-ST-ZIP	LARGO FL 33777		2. 4 CI	Y-ST-ZIP						
TITLE	_	☐ DELETE	3.1 717	.E		•	L	Change	Addition	
NAME			3.2 NAI							
STREET ADDRESS				eet addre	SS					
CITY-ST-ZIP		D protre		Y-ST-ZIP			<del></del>	Change	Addition	
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NAME			4. 2 NA							
STREET ADDRESS				EET ADDRE	»					
CITY-ST-ZIP		DELETE	4.4 CH	Y-SI-7 P				Change	Addition	
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STREET ADDRESS				Y-ST-ZIP	~					
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NAME		hand ween the	6.2 NA					•	_	
STREET ADDRESS				 Ieet addre:	ss					
CITY-ST-ZIP				Y-ST-ZIP	~					
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Thereby 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 13 if changed, or in an attachment with an address.

4/28/98