FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099686 (3)

B A BAYS, INC.

Principal Place of Business

Mailing Address

FILED May 02 1997 8:00am Secretary of State



10481/2 HWY 93 AUBURNDALE FI	2 WEST L 33823		10481/2 HWY 92 WEST AUBURNDALE FL 33823									
•								3. Date Incorporated or Qualified 12/09/1996	3a. Date	of Last F	Report	
2, Principal Place of Business			2a. Mailing Address					4. FFI Number		A	pplied For	
21			26 P.O. BOX 1740					59-3414507				
Sulte, Apt. #, etc.			Suite, Apt #, etc.					5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State			Çily & State								 	
23			28 Auburndale, FL					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip Cou			untry		This corporation has liability for intangible tax under s. 199.032,					
24	25					Po	IK	K Florida Statutes Yes No				
	g. Name and Addres	ss of Current Re	gistered Agent			I		10. Name and Address of New Re	gistered Ag	ent		
BAYS	S, BRUCE A					81	Name					
10481/2 HWY 92 WEST						82	Street A	ess (P.O. Box Number is Not Acceptable)				
AUBL	JRNDALE FL 33823					00		· · · · · · · · · · · · · · · · · · ·				
						83						
						84	City		FL	35 Zip	Code	
44 Pursuant I	to the provisions of Socia	ions 607 0502 an	d 607 1508 Flor	ida Statut	es the	abovi	e-named c	cornoration submits this statement for the		anoina i	its registered	
office or re	egistered agent, or both m familiar with, and acce	, in the State of F	lorida. Such cha	nge was	authoriza	ed by	the corpo	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appoin	lment as	s registered	
•	in janiliai widi, and acce	apt the obligation	is or, section do:	7.0303,11	unua sia	alutes	s.					
SIGNATURE	Signature, typod or printed name	of registered agent and	1 title if applicable	(NOT	f : Register	ed Age	ınt signature r	equired when reinstating)	DATE			
12.	OI	FFICERS AND DI	and the management of the company of the		13			ADDITIONS/CHANGES TO OFFI				
TITLE	D		[]] (DELETE	1.1	HTLE	}		L.) Change	Addition	
NAME	BAYS, BRUCE A				1.21	MAME						
STREET ADDRESS	P O BOX 1740 N/A				1,33	STREET	ADDRESS					
CITY-ST-ZIP	AUBURNDALE FL 33	3823-1740	···			OHY-S	1-2IP	terreta and allegations and the same temperatures in the selection of the second of th				
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NAME			LJ '	VC. 1 1 L		NAME			L	1 Augure	Addition Company	
STREET ADDRESS							ADDRESS					
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TITLE	<u> </u>			DELETE		TILLE				Change	Addition	
NAME					62	NAME				•		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						CITY - S						
14. I do herel					fy for (h	e exe	emption st	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same leg				

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; the lam 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.

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N. Com

H-25-97 (94)967-0486