

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90150 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

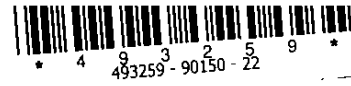


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000009788

1. Corporation Name

Bay Area Diecutting, Inc.



Principal Place of Business: 5914 Jetport Industrial Blvd. Tampa, FL 33634
 Mailing Address: P.O. Box 261103 Tampa, FL 33685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: January 27, 1997

21. Principal Place of Business 5914 Jetport Industrial Blvd. Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 261103 Suite, Apt. #, etc.	4. FEI Number 65-0723846	Applied For <input type="checkbox"/> Not Applicable
22. City & State Tampa, FL	27. City & State Tampa, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 33634	28. Zip 33685	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Hillsborough	30. Hillsborough	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Michael B. Austin	10. Name and Address of New Registered Agent
81 Name	81 Name
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable) 7410 Clearview Drive
83	83
84 City	84 City Tampa FL
	85 Zip Code 33634

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: Michael B. Austin (Signature) 4/21/99 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael B. Austin	1.2 NAME	
STREET ADDRESS	5914 Jetport Industrial Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33634	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James L. Roberts	2.2 NAME	
STREET ADDRESS	5914 Jetport Industrial Blvd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33634	2.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan B. Katz	3.2 NAME	
STREET ADDRESS	5914 Jetport Industrial Blvd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33634	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Michael B. Austin President (Signature) 4/21/99 (Date) (813)229-4414 (Daytime Phone #)

CR2E034 (11/98)