(850) 922-3709 11/15/99 11:11 Fl. Dept. of State P01/1

Amended Report

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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 NOV 19 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000019749**

1. Corporation Name
BAYMED CORPORATION

Principal Place of Business	Mailing Address
8049 MONETARY DR. UNIT 05 RIVIERA BEACH FL 33404	8049 MONETARY DR. UNIT 05 RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1997

2. Principal Place of Business	2a. Mailing Address
21	26 225 Skylark Pt
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jupiter, Florida
Zip 24 / Country 25	Zip 29 33458 / Country 30 US

4. FEI Number: 65-0747503 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAYNHAM, ANGELINE ~~12557 WOODMILL DR~~ ~~PALM BEACH GARDENS FL 33418~~ 225 Skylark Pt. Jupiter, FL 33458	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAYNHAM, MATTHEW ~~12557 WOODMILL DR~~ ~~PALM BEACH GARDENS FL 33418~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Matthew Baynham 225 Skylark Point Jupiter FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAYNHAM, RONALD O 533 HOLLY LAKE ROAD AIKEN SC 29841	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Matthew Baynham 225 Skylark Point Jupiter, FL 33458	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAYNHAM, BRET O 124 N RIVER DRIVE WEST JUPITER FL 33458	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BAYNHAM, G. CLAY 8 EASTWINDS CIRCLE TEQUESTA FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAYNHAM, G CLAY 8 EASTWINDS CIRCLE TEQUESTA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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: [redacted] REQUIRED 11/16/99 (561) 881-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #