## 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

## DOCUMENT # P97000021851

1. Corporation Name

BAY AREA DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

1625 ST. CATHERINE DR. W.

1625 ST. CATHERINE DR. W.

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90210 043 \*\*\*150.00



DUNEDIN FL 34698		DUNEDIN FL 34698			DO NOT WRITE IN THIS SPACE			
					Date Incorporated or Qualifed     03/11/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21 26					59-3431231		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required:		
City & Stat	de .	City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip 29 30	Country	'	This corporation owes the current year Intangil     Personal Property Tax.		JNo	
24	9. Name and Address of Curre		<u>,                                     </u>		10. Name and Address of New Registered Age			
			81	Name				
PACE, JOSEPH				82 Street Address (P.O. Box Number is Not Acceptable)				
	5 ST. CATHERINE DR. W.		62	82) Street Address (P.O. Box Number is Not Acceptable)				
DUN	IEDIN FL 34698		83					
			84	City	FI 8	5 Zip C	ode	
11 Durauant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statutes	the abov	e-named o	corporation submits this statement for the purpose of char	nging its r	egistered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was auth	nonized by	the corpor	ration's board of directors. I hereby accept the appointment	enitas reg	istered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Age	nt signature rec	quired when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	PO	☐ DELETE	1.1 MLE			Change	☐ Addition	
NAME	PACE, JOSEPH		1.2 NAME	ł			ł	
STREET ADDRESS	1625 ST. CATHERINE DR. W.		1.3 STREE	T ADDRESS			}	
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE	1		Change	☐ Addition	
NAME			2.2 NAME	- 1				
STREET ADDRESS	المهاد منه فالمعامل المربد ويحيم مسديد		2.3 STREE	T ADDRESS			(	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	l		Change	☐ Addition	
NAME			3.2 NAME				J	
STREET ADDRESS	İ		3.3 STREE	TADDRESS			1	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		·		
TITLE		☐ DELETE	4.1 TITLE	]		Change	☐ Addition	
NAME	)		4. 2 NAME	Ì				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	T-ZIP				
TITLE	1	DELETE	5.1 TITLE		. □	Change	☐ Addition	
NAME		•	5.2 NAME	}			}	
STREET ADDRESS				T ADDRESS [	•		}	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		<u> </u>	Addition :	
TITLE	1	☐ DELETE	6.1 TITLE	1		Change	Addition	
NAME			6.2 NAME	\			[	
STREET ADDRESS			1	TADORESS			Ì	
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	T-ZIP	in Section 110 07/3/(i) Floride Statutes   further certify t			

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 another like empowered.

SIGNATURE: JOSEPH KIRACE ATE

CR2E034 (11/98)