

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Oct 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA97000076425**  
1. Corporation Name:  
**BAY AREA SALES + MARKETING, INC.**

Principal Place of Business: **9225 Ulmerton Rd.  
Suite U  
Largo, FL 33771**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>9225 Ulmerton Rd</b>
22. City & State	27. <b>Suite U, Largo, FL</b>
23. Zip	28. <b>Largo, FL</b>
24. Country	29. <b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	<b>9-2-97</b>
4. FEI Number	<b>59-3472554</b>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**Robert Elder  
6645 8th AVE North  
St. Pete. FL 33710**

10. Name and Address of New Registered Agent
81. Name <b>Robert Elder</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83. <b>6645 8th AVE North</b>
84. City <b>St. Pete.</b>
85. Zip Code <b>FL 33710</b>

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>President</b>
STREET ADDRESS	<b>MAKESHA N. CURRAN-ELDER</b>
CITY-STATE-ZIP	<b>6645 8th AVE North</b>
	<b>St. Pete. FL 33710</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Sec. Treas.</b>
STREET ADDRESS	<b>Robert F. Elder</b>
CITY-STATE-ZIP	<b>6645 8th AVE North</b>
	<b>St. Pete. FL 33710</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President</b>
1.3 STREET ADDRESS	<b>MAKESHA N. CURRAN-ELDER</b>
1.4 CITY-STATE-ZIP	<b>6645 8th AVE North</b>
	<b>St. Pete. FL 33710</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sec. Treas.</b>
2.3 STREET ADDRESS	<b>Robert Elder</b>
2.4 CITY-STATE-ZIP	<b>6645 8th AVE North</b>
	<b>St. Pete. FL 33710</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 included 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.

SIGNATURE: **Makesha N. Elder Pres.** **9/25/98** **(721)** **585-7521**

CR2E034 (5/98)

9225 Ulmerton Rd.  
Suite U  
Largo, FL 33771  
727 585-7521 Office  
727 585-5439 Fax

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## Bay Area Sales & Marketing, Inc.

September 25, 1998

Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

We are sending this letter along with a check for \$150.00. We still have yet to receive a pre-printed annual report package. When we called and told you we had not received a pre-printed package we spoke to Leslie and she said she would send one out to us and to put a check for \$150.00 with it. I hope that this is the right paper to send in with the payment. We hope that in the future we will not have this problem. We would like to help you by filing our report when it is supposed to be filed each year. Thank you for your time in this matter.

Sincerely,



Makesha N. Elder  
President