

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90183 026 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000085041**

1. Corporation Name  
**BAYTEC SERVICES, INC.**



Principal Place of Business Mailing Address  
 14902 N FLORIDA AVE 14902 N FLORIDA AVE  
 STE A STE A  
 TAMPA FL 33613 TAMPA FL 33613  
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date incorporated or Qualified  
**10/01/1997**

4. FEI Number **59-3476502** 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  
**GOODWIN, JAMES W**  
**111 E MADISON ST STE 2300**  
**TAMPA FL 33602**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>MABRY, GAIL</b> 14711 CARNATION DRIVE TAMPA FL 33613	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VD</b>	<b>ROGERS, LILIANA</b> 14711 CARNATION DRIVE TAMPA FL 33613	<input type="checkbox"/> DELETE	1.2 NAME <b>DAN ROGERS</b>
TITLE <b>S</b>	<b>ROGERS, DAN</b> 14711 CARNATION DRIVE TAMPA FL 33613	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>14810 Tulip Dr.</b>
TITLE <b>T</b>	<b>MABRY, GARY</b> 14711 CARNATION DRIVE TAMPA FL 33613	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>Tampa, FL 33613</b>
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE <b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	2.2 NAME <b>Rogers, Liliana</b>
TITLE		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <b>14810 Tulip Drive</b>
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <b>Tampa, FL 33613</b>
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME <b>Rogers, Dan</b>
TITLE		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <b>14810 Tulip Drive</b>
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <b>Tampa, FL 33613</b>
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.2 NAME <b>Liliana Rogers</b>
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <b>14810 Tulip Dr.</b>
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <b>Tampa, FL 33613</b>
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
TITLE		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.2 NAME
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	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: [Signature] DATE: 4/26/99 TELEPHONE: (813) 908-5733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone #

0391444

CR2E034 (11/98)