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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101471 (5)

BAY AREA SERVICES, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		# 10841084 148 48111 14811 88111 88111 88481 1484	a mains athlic minis lähät athri skät
11813 WILDFIRE WAY		11813 WILDFIRE WAY			
TAMPA FL 33635 TAMP		TAMPA FL 33635		DO NOT WRITE IN THIS SPACE	
ı				3. Date Incorporated or Qualified	110 SPACE
				40/00/4007	
2. Principal P	lace of Business	2a. Mailing Address 26 Suite Apt # etc	·	12/02/1997 4. FEI Number	Applied For
21	3 Wild Fire way	26 Sav	ne as about	59-3486001	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State	θ	Crty & State		6. Election Campaign Financing	\$5.00 May Be
23 Tam		28		Trust Fund Contribution	Added to Fees
Zip Country Zip		Country	8. This corporation owes or has paid the		
24 5365	(Δ) 25 Uς	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
CHRISTIANSEN, DAN			81 Name	Same as listed	
11813 WILDFIRE WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33635			O.	adioss (F.O. Dex Hamber is Not Floodplasto)	!
	_		83		
			84 City		Or Zin Code
			Oily	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a				orporation submits this statement for the purpos	se of changing its registered
11. Pursuant to the provisions of Stations 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 Species (07.0505, Florida Statutes.)					
SIGNATURE					
	Signature, typep or printed nairle of registered agen	r and title capplicable (NOT	Registered Agent signature re		TE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE		☐ DELETE	1.1 TITLE	President	Change Addition
NAME			1.2 NAME	Danid Christianson	5
STREET ADDRESS			1.3 STREET ADDRESS	11313 mild tive max	្រ្តី
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Daniel Christiansen 11813 Wildfire Way Tampa FL 33635	
TITLE		☐ DELETE	2.1 TITLE	Vice president	Change Addition C
NAME			2.2 NAME	Karilynn Haas 10402 automn glen ct	
STREET ADDRESS			2.3 STREET ADDRESS	10402 GUTUMA JAN C	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	orlando FL 32836	
TITLE		L_ DELETE	3.1 TATLE	•	Change Addition
NAME			3.2 NAME		į
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		L_ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T Driete	4.4 CITY+ST-ZIP		
TITLE		DEFELE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET AUDRESS		
CITY-ST-ZIP		T Driege	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 NTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information availand will	b this filing does not auslifu fo	6.4 City-St-ZIP	in Section 110 07/2V/) Floride Statutes fugles	v nortify that the information

1. I bereby 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 suppliemental and a properties true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of course 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.

4-28-98

X13-765-968