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 # P98000057491

BAYWEST GRAPHICS & SIGNS, INC.

Principal Place of Business 9718 KATY DR STE R-5

Mailing Address

6441 WOODLAND LANE

May 04, 1999 8:00 am Secretary of State

05-04-1999 90080 012 ***158.75



HUDSON FL 34667 . NEW PORT RICHEY FL 34653					DO NOT WRITE IN THIS SP	ACE	
			-		3. Date Incorporated or Qualifed 06/25/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	lied For
27 12514 Becale Road 26					59-3520186	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					The state of the s	8.75 A	dditional
27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 Hud	500 FL 341007	28		_	Trust Fund Contribution	Added to	
Zip Country Zip Cour					8. This corporation owes the current year Intang	ible	
24 34667 25 USA 29 30							□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	ent	
			81	Name			
TAX-A-MISER, INC.				D4 1 A -1.4	(D.C. Dawk) — has in Not Accordable)		
6441 WOODLAND LANE				Street Addr	ess (P.O. Box Number is Not Acceptable)		
NEW	PORT RICHEY FL 34653		83				
	•						
	•		84	City	FL ^t	35 Zip C	ode
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the above	-named corp	oration submits this statement for the nurpose of cha	nging its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was autho	onzed by	the corporation	on's board of directors. I hereby accept the appointm	entas reç	jistered
SIGNATURE					d when reinstation) DATE		}
	Signature, typed or printed name of registered agent a			it signature required	ADDITIONS/CHANGES TO OFFICERS AND I	DECTO	PS IN 12
12.	OFFICERS AND	DELETE	13.			Change	[7] Addition
ΠΤLE	DPST - MOUNT	☐ pereie	1.1 TITLE		_	Jonango	
NAME .	551.5151.4 1.1151.11.122		1.2 NAME				ļ
STREET ADDRESS	12011 021 1022 11012			ADDRESS			
CITY-ST-ZIP	100 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY-S	T-ZIP		2.65	C Addition
TITLE		[] DELETE	2.1 TITLE] Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	2.3 \$		2.3 STREE	ADDRESS			
CITY-ST-ZIP	2.40		2.4 CITY-5	T-ZIP			
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NAME			3.2 NAME				-
STREET ADDRESS			3.3 STREE	TADDRESS			Ì
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NAME			4. 2 NAME				Ì
STREET ADDRESS			4.3 STREE	TADDRESS			
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TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				{
STREET ADDRESS			5.3 STREE	TADORESS			ļ
			5.4 CITY-S	1			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Γ	Change	Addition
			6.2 NAME		_	- •	-
NAME				1			I
STREET ADDRESS			63 STDEE	F ADDRESS			}

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fital 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 occurrence of the property of 14. I hereby certify that the information sup-indicated on this annual report or suppo-officer or director of the corporation of Block 12 or Block 13 if changed,

SIGNATURE: