


FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90118 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000071311

1. Corporation Name
PARK BAY GROUP, INC.



Principal Place of Business
**1253 PARK ST
 CLEARWATER FL 33756**

Mailing Address
**1253 PARK ST
 CLEARWATER FL 33756**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4268 Preserve Place Suite, Apt. #, etc.		2a. Mailing Address 26 4268 Preserve Place Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/17/1998	
22 City & State 23 Palm Harbor, FL Zip Country 24 34685 25 USA		27 City & State 28 Palm Harbor, FL Zip Country 29 34685 30 USA		4. FEI Number 59-3530972 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WARD, R CARLTON
 1253 PARK ST
 CLEARWATER FL 33756**

10. Name and Address of New Registered Agent

81 Name **ROSS PUZZITIELLO**
 82 Street Address (P.O. Box Number is Not Acceptable)
4153 ARLINGTON DR
 83
 84 City **PALM HARBOR** FL 85 Zip Code **34685**

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

Signature, typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Puzzitiello, Richard A.
STREET ADDRESS		1.3 STREET ADDRESS	4268 Preserve Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Nierlich, John K.
STREET ADDRESS		2.3 STREET ADDRESS	4268 Preserve Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VPS
STREET ADDRESS		3.3 STREET ADDRESS	Puzzitiello, Richard Jr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	13370 Prospect Road
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	VP
STREET ADDRESS		4.3 STREET ADDRESS	Puzzitiello, Ross A.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4268 Preserve Place
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

4/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)