

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S37975**

(7)

1. Corporation Name

BAHAMIAN EXPLORATION COMPANY, INC.

Principal Place of Business

3324 LAKESHORE BOULEVARD
JACKSONVILLE FL 32210
US

Mailing Address

3324 LAKESHORE BOULEVARD
JACKSONVILLE FL 32210-5348
US



2. Principal Place of Business

21 Suite Apt. # etc:

22 City & State

23 Zip

24

2a. Mailing Address

26 Suite. Apt. #, etc

27 City & State

28

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

03/07/1991

3a. Date of Last Report

03/06/1996

Applied For
 Not Applicable

4. FEI Number
59-3054379

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FAIRCHILD, RONALD D.
701 FISK ST
SUITE 310
JACKSONVILLE FL 32204

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/>	<input type="checkbox"/>
NAME	MORI, KURT W	<input type="checkbox"/> DELETE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3376 LAKESHORE BLVD		1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SURFACE, III, FRANK J		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3376 LAKESHORE BLVD	<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	JACKSONVILLE FL		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

904-384-6447

Date

Daytime Phone #

CR2E034 (9/96)