


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

DOCUMENT # S55549
1. Corporation Name
BAY FINANCIAL SERVICES, INC.

Principal Place of Business 17757 U.S. HWY 19 N. STE. 400 CLEARWATER FL 34624 US	Mailing Address 17757 U.S. HWY. 19 N. STE. 400 CLEARWATER FL 34624 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 17757 US Hwy 19 N #400
22 City & State	27 Attn: C. Barnhisel
23 Zip	28 Clearwater FL
24 Country	29 33764
	30 USA

9. Name and Address of Current Registered Agent
**SOWERS, WILLIS B.
17757 US HWY 19 NORTH
SUITE 400
CLEARWATER FL 34624**

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]* Assistant Secretary 07/12/99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	CLAVEAU, J GEORGE
STREET ADDRESS	8391 OLD COURT HOUSE RD, SUITE 100
CITY-ST-ZIP	VIENNA VA
TITLE	NAME
NAME	VFF CORMIER, KATHLEENA A
STREET ADDRESS	17757 US HWY 19 N, SUITE 400
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	NAME
NAME	S BORDEN-MYERS, MARIANNE
STREET ADDRESS	17757 US HWY 19 N, SUITE 400
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

FILED
99 JUL 12 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1991	4. FEI Number 54-1656435
5. Certificate of Status Desired <input type="checkbox"/>	8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	NRAI Services, Inc
82 Street Address (P.O. Box Number is Not Acceptable)	526 E. Park Ave
83	
84 City	Tallahassee
85 Zip Code	FL 32301

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SIGNATURE *[Signature]* Assistant Secretary 07/12/99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800007931458--2
1.4 CITY-ST-ZIP	-07/14/99--01092--002
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	***550.00
2.4 CITY-ST-ZIP	***550.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Kathleen A Cormier* 7/6/99 (727) 531-1400

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CR2E034 (5/99)