


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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S75587 (3)					
1. Corporation Name BAMYL, INC.					
Principal Place of Business 13819 WALSHINGHAM RD STE 320 LARGO FL 34644 US			Mailing Address 13819 WALSHINGHAM RD STE 320 LARGO FL 33774-3238 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/22/1991	
2b. Principal Place of Business 22		2c. Mailing Address 27		3a. Date of Last Report 03/19/1996	
2d. Principal Place of Business 23		2e. Mailing Address 28		4. FET Number 59-3092733	
2f. Principal Place of Business 24		2g. Mailing Address 29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2h. Principal Place of Business 25		2i. Mailing Address 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2j. Principal Place of Business 26		2k. Mailing Address 31		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent O'BRIEN, KATHYRN M. 31-57TH STREET NORTH ST. PETERSBURG FL 33710			10. Name and Address of New Registered Agent		
9a. Name 81			10a. Name 82		
9b. Street Address (P.O. Box Number is Not Acceptable) 82			10b. Street Address (P.O. Box Number is Not Acceptable) 83		
9c. City 83			10c. City 84		
9d. State FL			10d. State 85		
9e. Zip Code 33710			10e. Zip Code 33713		
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					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
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.					



CR2E034 (9/96)

April 21, 1997