| PROFIT CORPORATION ANNUAL REPORT 1996 | | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | - | |
|--|------------------|--|--|---|---|--|
| DOCUMENT # V24108 (5) 1. Corporation Name | | | | | | |
| BAY TRA | DE CORPO | RATION | | | | |
| Principal Place of Business 501 S FALKENBRUG ROAD E-16 TAMPA FL 33619 US | | | Mailing Address 501 S FALKENBRUG ROAD E-16 TAMPA FL 33619 US | | | |
| | | | | | 3. Date Incorporated or Qualified 03/25/1992 | 3a. Date of Last Report 04/25/1995 |
| 2. Principal Plac | ^ | Place | 2a. Mailing Address | 10 BORAN PA | 4. FEI Number 59-3115397 | Applied For Not Applicable |
| Suite, Apt. #, | | Timee | Suite, Apt. #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 TA1 | MAA, F | Country | 28 (Amp | Country | 8. This corporation has lability for | intangible tax under s 199.032, |
| ZIP 3361 | 0 25 | 1)5 | 29 53610 | 30 Country | Florida Statutes A Ye 10. Name and Address of New | S No Registered Agent |
| | 9. Name and | Address of Current | negistered Agoric | 81 Name | MORTON JAMES | T |
| E-16 TAMPA F 11. Pursuant to or registere familiar with | the provisions (| of Sections 607,0502 , in the State of Florid e obligations of, Sectio | and 607,1508, Florida Statutes a. Such change was authorize on 607,0505, Florida Statutes. | 84 City s, the above-named corp d by the corporation's bo | Donation submits this statement for the poard of directors. I hereby accept the appared of the poard of directors are the poard of directors. | FL 85 Zip Code 3 5016 urpose of changing its registered officipointment as registered agent. Lam |
| | | let nan e of registered ägent a | | E. Augutered Agent suprature rep | ared when renshing? | DATE DISECTORS IN 12 |
| 12. | og weet into | OFFICERS AND | DIRECTORS | 13. | TROSIDENT | FEICERS AND DIRECTORS IN 12 Change Addition |
| TITLE | HORTON, J | AMES T | L) otter | 12 NAME | HORTON, JAMES T 5410 BORAN PIRCE | |
| NAME STREET ADDRESS | 501 S FALK | ENBURG ROAD E | -16 | 1.3 STREET ADDRESS | 5410 BORAN PINCE | |
| CITY - ST - ZIP | TAMPA FL | | ☐ DELETE | 1.4 CITY - ST - ZIF 2.1 TITLE | TAMPA, PL 33610 | ☐ Change ☐ Addition |
| TITLE | | | | 2.2 NAME | | |
| NAME STREET ADDRESS | | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | DELETE | 2.4 CITY - ST - 7IP 3.1 TITLE | | ☐ Change ☐ Addition |
| TITLE | | | _ Kittle | 3.2 NAME | | |
| NAME STREET ADDRESS | | | | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | - FI DOLLTE | 3.4 CHTV - ST - ZIP | | Change Addition |
| TITLE | | | ☐ DELETE | 4 1 TITLE L 42 NAME | | |
| NAME expect appress | | | | 4.3 STREET ACORESS | | |
| STREET ADDRESS DITY-ST-ZIP | | | | 4 4 CHY-ST-ZIP | | Cnange Addition |
| TITLE | | | DELETE | 5 1 TALE 52 NAME | | - - |
| Liverer | 1 | | | | | |
| NAMÉ | | | | 5.3 STREET ADDRESS | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | ☐ Change ☐ Addition |
| i . | | - | ☐ DELETE | B. i | | ☐ Change ☐ Addit-on |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 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 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 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 certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

6.3 STREET ADDRESS

6 4 CITY - ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 813 626 0235

CR2E034 (12/95)