

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V26718** (9)
1. Corporation Name
BAYLA PRODUCTS, INC.



Principal Place of Business 5082 W. COLONIAL DR SUITE 150 ORLANDO FL 32808	Mailing Address 5082 W. COLONIAL DR SUITE 150 ORLANDO FL 32808
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1412 CHARTA CT Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32804 Country 25 USA		2a. Mailing Address 26 1412 CHARTA CT Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32804 Country 30 USA		3. Date Incorporated or Qualified 04/03/1992	4. FEI Number 59-3118932 Applied For Not Applicable	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	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent HOUSTON, MICHAEL M. 5082 W. COLONIAL DR SUITE 150 ORLANDO FL 32808				10. Name and Address of New Registered Agent 81 Name HOUSTON, MICHAEL M. 82 Street Address (P.O. Box Number is Not Acceptable) 1412 CHARTA CT 83 84 City ORLANDO FL 85 Zip Code 32804			
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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 Michael M. Houston PRESIDENT MICHAEL M. HOUSTON 3/17/98
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 NAME STREET ADDRESS CITY - ST - ZIP	PD HOUSTON, MICHAEL M 1412 CHARTA CT ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCHMIDT, DWIGHT L 217 HARBOUR DR CAPE CANAVERAL FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1709 SW 43RD AVE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVD HOUSTON, NANCY M 1412 CHARTA CT ORLANDO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD SCHMIDT, BRIDGET M 217 HARBOR DR CAPE CANAVERAL FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1709 SW 43RD AVE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael M. Houston MICHAEL M. HOUSTON 3/17/98 407 792-5560

CR2E034 (10/97)