FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V29746** **(7)**

1. Corporation Name
BAY AREA ACCOUNTING SERVICES, INC.

Principal Place of Business	Mailing Address
7015 NORTH ARMENIA AVE. TAMPA FL 33604	7015 NORTH ARMENIA AVE. TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1992	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 1411 N. WESTSHORE BLVD	26 1411 N. WESTSHORE BLVD
Suite, Apt. #, etc. 22 SUITE 208	Suite, Apt. #, etc. 27 SUITE 208
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip / Country 24 33607 / 25 USA	Zip / Country 29 33607 / 30 USA

4. FEI Number: 59-3117874 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be 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	10. Name and Address of New Registered Agent
MUNRO, CYNTHIA 7015 N. ARMENIA AVE TAMPA FL 33604	81 Name: CYNTHIA MUNRO 82 Street Address (P.O. Box Number is Not Acceptable): 1411 N. WESTSHORE BLVD. 83 SUITE 208 84 City: TAMPA FL 85 Zip Code: 33607

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: Cynthia J. Munro CYNTHIA J. MUNRO VICE PRESIDENT 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	FINTEL, ROBERT	12 NAME	FINTEL, ROBERT
STREET ADDRESS	7015 N. ARMENIA AVE.	13 STREET ADDRESS	1411 N. WESTSHORE BLVD, SUITE 208
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VT	21 TITLE	VT ☒ Change ☐ Addition
NAME	MUNRO, CYNTHIA	22 NAME	MUNRO, CYNTHIA
STREET ADDRESS	7015 N. ARMENIA AVE.	23 STREET ADDRESS	1411 N. WESTSHORE BLVD, SUITE 208
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VS	31 TITLE	VS ☒ Change ☐ Addition
NAME	WILDER, BRIAN	32 NAME	WILDER, BRIAN
STREET ADDRESS	7015 N. ARMENIA AVE.	33 STREET ADDRESS	1411 N. WESTSHORE BLVD, SUITE 208
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA, FL 33607
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Cynthia J. Munro CYNTHIA J. MUNRO, VP 4/28/95 (813)286-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0980870 CP