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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29746 (7)
 1. Corporation Name
BAY AREA ACCOUNTING SERVICES, INC.

Principal Place of Business Mailing Address
5364 EHRLICH RD SUITE 400 TAMPA, FL 33625

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number	Applied For
22 City & State	27 City & State	5. Certificate of Status Desired	Not Applicable
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24 Country	29 Country	30	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNRO, CYNTHIA
5364 EHRLICH RD
SUITE 400
TAMPA, FL 33625

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 officer 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, VP.** **4/30/97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DR	FINTEL, ROBERT	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	5364 EHRLICH RD, SUITE 400		
	TAMPA, FL 33625		
TITLE	NAME	2.1 TITLE	2.2 NAME
VT	MUNRO, CYNTHIA	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	5364 EHRLICH RD, SUITE 400		
	TAMPA, FL 33625		
TITLE	NAME	3.1 TITLE	3.2 NAME
VS	WILDER, BRIAN	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	5364 EHRLICH RD, SUITE 400		
	TAMPA, FL 33625		
TITLE	NAME	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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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 is stated 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, V.P.** **4/30/97** **(352)848-1166**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)