

FILE NOW: FILING FEE IS \$61.25

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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737878 (9)

1. Corporation Name
BAYVIEW OF POMPANO, INC.



Principal Place of Business: 2500 N. BAY DR. POMPANO BEACH FL 33062
Mailing Address: 2500 N. BAY DR. POMPANO BEACH FL 33062-2952

3. Date Incorporated or Qualified: 01/21/1977
3a. Date of Last Report: 01/31/1996
4. FEI Number: 59-1749891
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
BAILEY, PATRICK L.
2335 E. ATLANTIC BLVD.
POMPANO BEACH FL 33061

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AVOLA, FRANCIS	
STREET ADDRESS	2500 BAY DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARNER, CLARE (DR)	
STREET ADDRESS	2500 N BAY DR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOENDER, NELSON	
STREET ADDRESS	2500 N BAY DR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOCNY, RALPH	
STREET ADDRESS	2500 N BAY DR	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	BAILEY, PATRICK	
STREET ADDRESS	2500 BAY DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Pres. 1/6/97 994 941-4970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0021855

CR2E037 (9/96)