


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90040 040 ****61.25

0026043

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # 737878

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
--------------------------------------------------------------------------	--------------------------------------------------------------



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/21/1977	4. FEI Number 59-1749891	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	

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	85 Zip Code
			FL	

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	AVOLA, FRANCIS	<input type="checkbox"/> DELETE
NAME		2500 BAY DRIVE	
STREET ADDRESS		POMPANO BEACH FL	
CITY-ST-ZIP			
TITLE	D	GARNER, CLARE (DR)	<input type="checkbox"/> DELETE
NAME		2500 N BAY DR	
STREET ADDRESS		POMPANO BCH FL	
CITY-ST-ZIP			
TITLE	D	BOENDER, NELSON	<input checked="" type="checkbox"/> DELETE
NAME		2500 N BAY DR	
STREET ADDRESS		POMPANO BCH FL	
CITY-ST-ZIP			
TITLE	D	MOCNY, RALPH	<input checked="" type="checkbox"/> DELETE
NAME		2500 N BAY DR	
STREET ADDRESS		POMPANO BCH FL	
CITY-ST-ZIP			
TITLE	PSTD	BAILEY, PATRICK	<input type="checkbox"/> DELETE
NAME		2500 BAY DR	
STREET ADDRESS		POMPANO BEACH FL	
CITY-ST-ZIP			
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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Glenn Tucker
3.3 STREET ADDRESS	2500 Bay Drive
3.4 CITY-ST-ZIP	Pompano Beach, Fl 33062
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Kahn
4.3 STREET ADDRESS	2500 Bay Drive
4.4 CITY-ST-ZIP	Pompano Beach, Fl
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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** _____ 1/5/99 954-941-4920
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Patrick L. Bailey Date Daytime Phone #

CR2E037 (1/198)