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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745292 (3)

1. Corporation Name

2200 SOUTH BAY, INC.

Principal Place of Business

Mailing Address

22 FOREST LN  
EUSTIS FL 32726

22 FOREST LN  
EUSTIS FL 32726-5366



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2200 So. Bay St.		26 P.O. Box 866		12/16/1978		02/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1977264		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 EUSTIS, FLA		28 MOUNT DORA, FL		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		25 Country		29 Zip		30 Country	
24 32726		25 USA		29 32756		30 USA	

9. Name and Address of Current Registered Agent

TRASK, ARET E  
22 FOREST LANE  
EUSTIS FL 32726

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TRASK, ARET E	1.2 NAME	DRAZINIC STEPHAN E.
STREET ADDRESS	22 FOREST LANE	1.3 STREET ADDRESS	1006 Hermosa Rd.
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	EUSTIS FL 32726
TITLE	VD	2.1 TITLE	VD
NAME	DRAZINIC, STEPHAN E.	2.2 NAME	TRASK ARET E
STREET ADDRESS	2200 S BAY ST STE A	2.3 STREET ADDRESS	PO BOX 866 MOUNT DORA
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	32757
TITLE	TSD	3.1 TITLE	TSD
NAME	JENSEN, TRACY	3.2 NAME	DRAZINIC STEPHAN E
STREET ADDRESS	3000 LK WOODWARD DR	3.3 STREET ADDRESS	1006 Hermosa RD.
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	EUSTIS FL 32726
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Stephan E. Drazinic 042097 3578516  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013650

CR2E037 (9/96)