## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95235

BAYFRONT MARKETPLACE, INC.

Country

9. Name and Address of Current Registered Agent

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NS 20 57

NOW BAYFRONT, INC.
Principal Place of Business

2. Principal Place of Business

2150 GOODLETTE RD SUITE 700 NAPLES FL 33940

Suite, Apt. #, etc.

City & State

Mailing Address

2150 GOODLETTE RD SUITE 700 NAPLES FL 33940

2a. Mailing Address

City & State

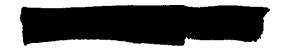
Suite, Apt. #, etc.

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FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

X Yes

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

08/22/1990

65-0220729

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

STONEBURNER, KEVIN L.			"	Name		
2150 GOODLETTE ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 700			83			
NA	PLES FL 33940		63			
			84	City	85 Zio Code	
				FL   34762		
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 Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
			13.			
TITLE	D	DELETE	1.1 TOLE		Change Addition	
NAME	STONEBURNER, KEVIN		1.2 NAME		O Something of the second	
STREET ADDRESS	AAAA AAAAN EETE DD. HOAA		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MADI CO CI		1.4 CITY - S			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	LOFGREN, DARLENE S		2.2 NAME		_ , _	
STREET ADDRESS	AAAA DIIIA DOW		2.3 STREET	ADDRESS		
CITY-ST-ZIP	NAPLES FL 2.4		2. 4 CITY-S	r-zip		
TITLE		☐ DELETE	31 TITLE		Change Addition	
NAME		32				
STREET ADDRESS	33\$		3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
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CITY-ST-ZIP			4.4 CITY - ST	- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME .			5.2 NAME	ĺ	$\sqrt{h} / \sqrt{1}$	
STREET ADDRESS	<b>1</b> .		5.3 STREET			
CITY-ST-ZIP			5.4 CITY - ST	- ZIP		
TITLE		DELETE	6.1 TITLE		400002479134 finance Addition	
NAME			6.2 NAME		-04/06/9801010038	
STREET ADDRESS				ADDRESS	***150.00	
6.4 CITY-ST-2IP 6.4 CITY  14. I hereby certify that the information supplied with this filing does not qualify for the exer			6.4 CITY - ST		d 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.						

Country