

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L98068** (4)

1. Corporation Name
BRIGHT BAY REALTY, INC.



Principal Place of Business: **3637 4TH ST NORTH ST. PETERSBURG FL 33704 US**
Mailing Address: **3637 4TH ST NORTH ST. PETERSBURG FL 33704 US**

3. Date Incorporated or Qualified: **09/06/1990**
3a. Date of Last Report: **04/25/1995**

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**
4. FEI Number: **59-3041582** 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

9. Name and Address of Current Registered Agent: **HAGGAR, PAUL A 3637 4TH ST. N. SUITE #350 ST. PETERSBURG FL 33704**
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 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature) _____ (Printed Name) _____ (Title) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME: HAGGAR, PAUL A		2.1 NAME:	
3. STREET ADDRESS: 3637 4TH ST. N. SUITE #350		3.1 STREET ADDRESS:	
4. CITY, ST., ZIP: ST. PETERSBURG FL		4.1 CITY, ST., ZIP:	
5. TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME:		6.1 NAME:	
7. STREET ADDRESS:		7.1 STREET ADDRESS:	
8. CITY, ST., ZIP:		8.1 CITY, ST., ZIP:	
9. TITLE: <input type="checkbox"/> DELETE		9.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME:		10.1 NAME:	
11. STREET ADDRESS:		11.1 STREET ADDRESS:	
12. CITY, ST., ZIP:		12.1 CITY, ST., ZIP:	
13. TITLE: <input type="checkbox"/> DELETE		13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME:		14.1 NAME:	
15. STREET ADDRESS:		15.1 STREET ADDRESS:	
16. CITY, ST., ZIP:		16.1 CITY, ST., ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Paul A. Haggan* **Paul A. HAGGAR - President** **2/15/96** **813-822-7463**
Date: _____ Daytime Phone: _____

CR2E034 (12/95)