

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED
MAY 11 1995
STATE OF FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **N05068** (4)
 1. Corporate Name
BISCAYNE BAY POWER SQUADRON AUXILIARY INC.

Principal Place of Business: **C/O LYNN BLUMENFELDD 1960 N. E. 182 STREET NORTH MIAMI BEACH FL 33162**
 Mailing Address: **C/O LYNN BLUMENFELDD 1960 N. E. 182 STREET NORTH MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1984** 3a. Date of Last Report: **04/01/1994**

4. FEI Number: **59-2001444** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 County 29 City 30 Zip

9. Name and Address of Current Registered Agent
**MASTER, MARY J.
 1960 N. E. 182 STREET
 NORTH MIAMI BEACH, FL 33162**

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 _____

12. OFFICERS AND DIRECTORS		13. ATTORNEYS (CHANGE), ACCOUNTANTS AND OTHER OFFICERS (CHANGE)	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTER, MARY J	12 NAME	
STREET ADDRESS	1960 NE 182 ST	13 STREET ADDRESS	
CITY, ST, ZIP	N MIAMI BEACH FL 33162	14 CITY, ST, ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, PATRICE	22 NAME	
STREET ADDRESS	20230 NE 12 CT	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33179	24 CITY, ST, ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, JACQUELINE	32 NAME	
STREET ADDRESS	1139 NE 109 ST	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33161	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.031(6)(b), 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 of this report or on an attachment with an address.

SIGNATURE: *P.D. Mary J. Master* 4/26/95 305-944-1764
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR