

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90239 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000045355**

1. Corporation Name  
**BAYBERRY GROVE CORPORATION**



Principal Place of Business 4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410 US	Mailing Address 4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10 Burlington Mall Rd. Suite, Apt. #, etc. 22 Suite 245 City & State 23 Burlington MA Zip 24 01803	2a. Mailing Address 26 10 Burlington Mall Rd. Suite, Apt. #, etc. 27 Suite 245 City & State 28 Burlington MA Zip 29 01803	3. Date Incorporated or Qualified 06/06/1995
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4. FEI Number 65-0590179	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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TAMBONE, RICHARD P**  
**4500 PGA BLVD., SUITE 304B**  
**PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**222 Lakeview Ave.**  
 83 17th Floor  
 84 City  
**West Palm Beach** **FL** 85 Zip Code  
**33401**

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  DATE **4-30-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DVS</b> <input type="checkbox"/> DELETE
NAME	<b>TAMBONE, LORI B</b>
STREET ADDRESS	<b>4200 WACKENHUT DR., STE 110</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE
NAME	<b>TAMBONE, RICHARD P</b>
STREET ADDRESS	<b>4200 WACKENHUT DR., STE 110</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>10 Burlington Mall Rd., Suite 245</b>
1.4 CITY-ST-ZIP	<b>Burlington MA 01803</b>
2.1 TITLE	<b>DPVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>222 Lakeview Ave., 17th Floor</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach FL 33401</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 607, 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** **4-30-99** **781-270-0244**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)