

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

04-21-2000 90184 042 \*\*\*900.00  
 FILED P98000051715  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000051715**  
 Corporation Name

00 MAY 17 AM 10:49

**BAYSIDE INDUSTRIES, INC.**



**REINSTATEMENT 99-00**  
 DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~3090 NORTHWEST 33 AVENUE FT. LAUDERDALE FL 33311~~  
 Mailing Address: ~~3020 NORTHWEST 33 AVENUE FT. LAUDERDALE FL 33011~~

3. Date Incorporated or Qualified: **06/10/1998**

1. Principal Place of Business: **3045 North Federal Highway**  
 Suite, Apt. #, etc.: **The Landmark Building**  
 City & State: **Fort-Lauderdale, FL**  
 Zip: **33306** Country: **Broward**

4. FEI Number: **65-0859796**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Election Campaign Financing:  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33194~~

81 Name: **Ronald A. Marini, Esq.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **2 South Biscayne Boulevard, Suite 3580**  
 84 City: **Miami** FL 85 Zip Code: **33131**

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. **Marini & Associates, P.A.**

SIGNATURE: *[Signature]* **Ronald A. Marini, Esq.** DATE: **APRIL 14, 2000**

12. OFFICERS AND DIRECTORS

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	Glenn M. Gallant	
STREET ADDRESS	1260 East Oakland Park Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33334	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(f), 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: *[Signature]* **Glenn M. Gallant** Date: **4-17-00**  
**President/Director** (954) 676-3485

CR2E034 (5/99)

4/29