

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **582528** (6)
1. Corporation Name
300 - 500 BAYVIEW, INC.

Principal Place of Business C/O OFFICE 500 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160-4748	Mailing Address C/O OFFICE 500 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160-4748
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/17/1978	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1837869	Applied For <input type="checkbox"/> 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. The corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent FELDMAN, MICHAEL K. 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	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
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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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	LIPTON, ARTHUR 300 BAYVIEW DRIVE NORTH MIAMI BEACH FL	1.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPTON, ARTHUR		1.2 NAME GOLDSTEIN, LEO	
STREET ADDRESS 300 BAYVIEW DRIVE		1.3 STREET ADDRESS SAME	
CITY-ST-ZIP NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE PD	SOBER, SIDNEY 500 BAYVIEW DRIVE NORTH MIAMI BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOBER, SIDNEY		2.2 NAME	
STREET ADDRESS 500 BAYVIEW DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE SD	WALD, HOWARD 300 BAYVIEW DRIVE NORTH MIAMI BEACH FL	3.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALD, HOWARD		3.2 NAME ROSE, MURRAY	
STREET ADDRESS 300 BAYVIEW DRIVE		3.3 STREET ADDRESS SAME	
CITY-ST-ZIP NORTH MIAMI BEACH FL		3.4 CITY-ST-ZIP	
TITLE TD	MANNES, A. S. 500 BAYVIEW DRIVE NORTH MIAMI BCH FL	4.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANNES, A. S.		4.2 NAME ROSENFELD, GENE	
STREET ADDRESS 500 BAYVIEW DRIVE		4.3 STREET ADDRESS SAME	
CITY-ST-ZIP NORTH MIAMI BCH FL		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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:

Sidney Sober (Pres.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (305) 744-2348
Date (Telephone Area #)