

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



Principal Place of Business Mailing Address
C/O OFFICE 500 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160-4748

3. Date Incorporated or Qualified **08/17/1978** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1837869** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, LEO	1.2 NAME	SOL KAYE
STREET ADDRESS	300 BAYVIEW DRIVE	1.3 STREET ADDRESS	500 BAYVIEW DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBER, SIDNEY	2.2 NAME	SAM KADGER
STREET ADDRESS	500 BAYVIEW DRIVE	2.3 STREET ADDRESS	300 BAYVIEW DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, MURRAY	3.2 NAME	JOAN WANICK
STREET ADDRESS	300 BAYVIEW DRIVE	3.3 STREET ADDRESS	300 BAYVIEW DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFELD, GENE	4.2 NAME	
STREET ADDRESS	500 BAYVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH FL	4.4 CITY-ST-ZIP	500001836525
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	-05/23/96--01024--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***161.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	900001836529
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	-05/23/96--01024--082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***161.25
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 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: *[Signature]* **4/23/96** (305) 944-2348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)