


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

FILED  
Jun 22 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 582528 (6)</b>					
1. Corporation Name <b>300 - 500 BAYVIEW, INC.</b>					
Principal Place of Business <b>C/O OFFICE 500 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160-4748</b>			Mailing Address <b>C/O OFFICE 500 BAYVIEW DRIVE NORTH MIAMI BEACH FL 33160-4748</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/17/1978</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1837869</b>		Applied For Not Applicable	
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
25. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Name and Address of Current Registered Agent <b>FELDMAN, MICHAEL K. 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154</b>			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. City		
85. Zip Code			FL		
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 fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	1.1 TITLE	PRES.		
NAME	KAYE, SOL	12 NAME	BENJAMIN WEINER		
STREET ADDRESS	500 BAYVIEW DRIVE	1.3 STREET ADDRESS	500 BAYVIEW DRIVE		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		
TITLE	VP	2.1 TITLE			
NAME	KRUGER, SAM	2.2 NAME			
STREET ADDRESS	300 BOYVIEW DRIVE	2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP			
TITLE	S	3.1 TITLE			
NAME	WAINICK, JOAN	3.2 NAME			
STREET ADDRESS	300 BAYVIEW DRIVE	3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP			
TITLE	TD	4.1 TITLE			
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			
TITLE		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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)(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 is 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:

*Gene S. Rosenfeld*  
Treasurer 500 Bldg.

6/15/98 (305) 944-2348

CR2E034 (10/97)