

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/17/1978
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1837869
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. 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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	KAYE, SOL	
STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRUGER, SAM	
STREET ADDRESS	300 BOYVIEW DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WAINICK, JOAN	
STREET ADDRESS	300 BAYVIEW DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSENFELD, GENE	
STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
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	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENJAMIN WEINER	
1.3 STREET ADDRESS	500 BAYVIEW DRIVE	
1.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	800002508840	
5.3 STREET ADDRESS	-06/28/98--01012--044	
5.4 CITY-ST-ZIP	44475, 00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002508840	
6.3 STREET ADDRESS	-06/28/98--01012--044	
6.4 CITY-ST-ZIP	44475, 00	

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 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 change.

SIGNATURE: *Gene S. Rosenfeld* **Gene S. Rosenfeld** Treasurer 6/5/98 (305) 944-2348

CR2E034 (10/97)