


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

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FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90125 075 ****75.00
 05-03-1999 90125 076 ****75.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 582528
 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 08/17/1978
 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 owes the current year Intangible Personal Property Tax. () Yes () No

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		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, BENJAMIN	
STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VP	<input checked="" 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALAN GREENWALD	
1.3 STREET ADDRESS	300 BAYVIEW DRIVE	
1.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES ZUCKER	
2.3 STREET ADDRESS	300 BAYVIEW DRIVE	
2.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRED REISERT	
3.3 STREET ADDRESS	500 BAYVIEW DRIVE	
3.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
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)(i), 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, with all other like empowered.

SIGNATURE: *Gene Rosenfeld* (Pres. Arken Home Westlands Assoc)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GENE ROSENFELD
 Date: 4/26/99
 Day/Even Phone #: 305/794-8723

CR2E034 (11/98)