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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 145656

(5)

EAST BAY CORPORATION

FILED
Apr 04 1997 8:00am
Secretary of State

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2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-054	4481 Applied For Not Applicable
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-054     Suite, Apt #, etc.   Suite, Apt. #, etc.   5. Certificate     City & State   City & State   6. Election Carrent Feel   7/10   Country   7/10	46
1	4481 Not Applicable \$8.75 Additional
Suite, Apt #, etc.   Suite, Apt. #, etc.	SR 75 Additional
City & State  Country  Zip  Country  B. This corporatorial State  9. Name and Address of Current Registered Agent  BRENNER FREDA  1500 SW 131 WAY #114  PEMBROKE PINES FL 33027	of Chabita Desired Quit o Auditional
City 8 State	or status Desired
Country   Zip   Country   B. This corpo	ampaign Financing \$5.00 May Be Contribution Added to Fees
9. Name and Address of Current Registered Agent  BRENNER FREDA  1500 SW 131 WAY #114  PEMBROKE PINES FL 33027  10. Name and 81 Name  Street Address (P.O. Box Nur	ration has liability for intangible tax under s. 199.032,
## BRENNER FREDA  1500 SW 131 WAY #114  PEMBROKE PINES FL 33027    81   Name     82   Street Address (P.O. Box Number   P.O. Box Number	
1500 SW 131 WAY #114 PEMBROKE PINES FL 33027  82 Street Address (P.O. Box Nuc	Address of New Registered Agent
PEMBROKE PINES FL 33027	
	mber is Not Acceptable)
03	,
BA Ct.	les I 7 oct
84 City	FL 85 Zip Code
1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits the	his statement for the purpose of changing its registere
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	actors. I hereby accept the appointment as registered
IGNATURE	
Signature: typicd or printed name of registered agent and title if applicative. (NOTE: Registered Agent signature required when reinstating)	DATE
	/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE PD LITTLE 1.1 TITLE 1.2 NAME	L. Grange L. Nour
TREELANDRESS 1500 SW 131 WAY #114 1.3 STREET ADDRESS	
PEMBROKE PINES FL 14 CITY-ST-ZIP	
THE VS DELETE 21 TITLE	Change Addit
AME BRENNER, GEORGIA 22 NAME	
IREET ADDRESS 8138 SW 83RD PLACE 2.3 STREET ADDRESS	
HY-SI-ZIP MIAMI FL 2.4 CITY-SI-ZIP	
TEF VI DELETE 3.1 TITLE	Change Addit
FURGANG, HELENE 32 NAME	
THE ADDRESS 12824 SW 108 AVE 3.3 STREET ADDRESS	
TY-ST-ZIP MIAMI FL . 3.4.CITY-ST-ZIP	
THE D (4.1 TITLE AME)  AME ROGOFF, FRANCIA (4.2 NAME)	Change Addit
DODE CIVI 400 TEDO	
AAAAAA PA	
YY-S1-72P MAJAM FL 44 CITY-S1-72P  14E DELETE 5.1 TITLE	Change Addit
5.2 NAME	C Stingle E Mont
IBFET ADDRESS 5.3 STREET ADDRESS	
11Y - S1 - 71P 5.4 CITY - S1 - 71P	
TLE DELETE 6.1 TITLE	☐ Change ☐ Addit
AME 6.2 NAME	
G.3 STREET ADDRESS	
511Y-S1-2iP	

14. I do 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 tam 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DON'T DON'T