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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 174188

(3)

1. Corporation Name
BAYRIDGE CORPORATION



Principal Place of Business
**101 W. PIPPEN DR.
ISLAMORADA FL 33036-3113**

Mailing Address
**101 W. PIPPEN DR.
ISLAMORADA FL 33036-3112**

3. Date Incorporated or Qualified 06/24/1953	3a. Date of Last Report 03/18/1996
4. FEI Number 59-0965810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**KOHLHOFER, JOHN
117 GUMBO LIMBO RD
ISLAMORADA FL 33036**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOT: Registered Agent signature required when relinquishing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	REWIS, ROGER	
STREET ADDRESS	101 GUMBO LIMBO RD	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PORTER, VICTOR	
STREET ADDRESS	104 WILLOW LN.	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALL, DENNIS	
STREET ADDRESS	126 GUMBO LIMBO RD.	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAYES, VIRGINIA	
STREET ADDRESS	126 W. PIPPEN DR.	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOHLHOFER, JOHN	
STREET ADDRESS	117 GUMBO LIMBO RD	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEDERSEN, ERNST	
STREET ADDRESS	121 W PIPPIN DR	
CITY-ST-ZIP	ISLAMORADA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Schimmelman, Valerie
4.4 CITY-ST-ZIP	101 W. Pippin Dr. Islamorada, FL. 33036
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Russell, Janet
6.4 CITY-ST-ZIP	128 Gumbo Limbo Islamorada, FL. 33036

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0301, Florida Statutes, and 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: *Valerie Schimmelman* *5/26/97* *33036-3381*

CR2E034 (9/96)