

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 33036-3113

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

26 Suite, Apt. # etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified

06/24/1953

4. FEI Number

59-0965810

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 or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

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 Janet Russell
 82 Street Address (P.O. Box Number is Not Acceptable) 125 Gumbo Limbo
 83 Islamorada, Fl. 33036
 84 City Islamorada, Fl. 33036 FL 85 Zip Code 33036

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 Janet Russell

(NOTE: Registered Agent signature required when reinstating)

9/14/98 DATE

OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REWIS, ROGER	
STREET ADDRESS	101 GUMBO LIMBO RD	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	PD	<input checked="" 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 type="checkbox"/> DELETE
NAME	SCHIMMELMAN, VALERIE	
STREET ADDRESS	101 W. PIPPIN DR.	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KOHLHOFER, JOHN	
STREET ADDRESS	117 GUMBO LIMBO RD	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, JANET	
STREET ADDRESS	128 GUMBO LIMBO	
CITY-ST-ZIP	ISLAMORADA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janet Russell	
1.3 STREET ADDRESS	125 Gumbo Limbo Rd.	
1.4 CITY-ST-ZIP	Islamorada, Fl. 33036	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Berry Vie	
2.3 STREET ADDRESS	130 W. Pippin Dr	
2.4 CITY-ST-ZIP	Islamorada, Fl. 33036	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Francine DiPalol	
5.3 STREET ADDRESS	126 Gumbo Limbo	
5.4 CITY-ST-ZIP	Islamorada, Fl. 33036	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jerry O'Cathy	
6.3 STREET ADDRESS	109 Gumbo Limbo	
6.4 CITY-ST-ZIP	Islamorada, Fl. 33036	

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.

SIGNATURE: Janet Russell

9/14/98 852-3710

CR2E034 (5/98)