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FILED
Apr 14 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 # 366321 (8)

1. Corporation Name
BAY CADILLAC, INC.

Principal Place of Business	Mailing Address
15933 N FLORIDA AVE P.O. BOX 260078 LUTZ FL 33549 US	P. O. BOX 260078 TAMPA FL 33682-7078 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1970

2. Principal Place of Business	2a. Mailing Address
21	26 2060 Biscayne Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2nd Floor
City & State 23	City & State 28 Miami, Florida
Zip 24 / Country 25	Zip 29 33137-5024 / Country 30 USA

4. FEI Number: 59-1300810 ☐ 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**

LEIBOWITZ, EDWARD
ONE SE 3RD AVE, STE 2130
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name: Stanley J. Krieger
82 Street Address (P.O. Box Number is Not Acceptable): 2060 Biscayne Blvd.,
83 Second Floor
84 City: Miami, FL 85 Zip Code: 33137

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 (Signature, typed or printed name of registered agent and title if applicable) STANLEY J. KRIEGER (NOTE: Registered Agent signature required when reinstating) DATE 3/19/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEIBOWITZ, EDWARD		1.2 NAME		
STREET ADDRESS	1039 GUISANDO DE AVILA		1.3 STREET ADDRESS	2060 Biscayne Blvd., 2nd Floor	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Miami, Florida 33137-5024	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LEIBOWITZ, BLOSSOM		2.2 NAME		
STREET ADDRESS	1039 GUIDSANDO DE AVILA		2.3 STREET ADDRESS	2060 Biscayne Blvd., Second Floor	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Mimai, Florida 33137-5024	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BRAMAN, NORMAN		3.2 NAME		
STREET ADDRESS	1 INDIAN CREEK ISLAND		3.3 STREET ADDRESS	2060 Biscayne Boulevard, 2nd Floor	
CITY-ST-ZIP	MIAMI BCH FL		3.4 CITY-ST-ZIP	Miami, Florida 33137-5024	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Edward Leibowitz EDWARD LEIBOWITZ 3/19/98 813-969-3226