

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **502194** (4)
1. Corporation Name
INTERBAY PROPERTY AND CONSTRUCTION CORPORATION



Principal Place of Business
**9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708**

Mailing Address
**9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708**

3. Date Incorporated or Qualified
04/29/1976

3a. Date of Last Report
01/25/1995

4. FEI Number
59-1686264

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
**VANKESTEREN, HENRY
9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708**

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 607.0532 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 _____ DATE _____
Sig. of the person named in the present report or the transferee. (Circle) Registered Agent signature required when transferring.

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, SUE	
STREET ADDRESS	9931 PINE LAKE TRAIL	
CITY-STATE-ZIP	ST PETE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VAN KESTEREN, HENRY	
STREET ADDRESS	#1 BCH DR	
CITY-STATE-ZIP	ST PETE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VAN KESTEREN, EVELYN	
STREET ADDRESS	#1 BCH DR	
CITY-STATE-ZIP	ST PETE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, W FRED	
STREET ADDRESS	9931 PINE LAKE TRAIL	
CITY-STATE-ZIP	ST PETE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *W. Fred Campbell* W. Fred Campbell 2/21/96 (813) 392 5116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)