

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 # 582528

(6)

1. Corporation Name

300 - 500 BAYVIEW, INC.



Principal Place of Business

Mailing Address

C/O OFFICE  
500 BAYVIEW DRIVE  
NORTH MIAMI BEACH FL 33160-4748

C/O OFFICE  
500 BAYVIEW DRIVE  
NORTH MIAMI BEACH FL 33160-4748

3. Date Incorporated or Qualified

08/17/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1837869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, MICHAEL K.  
1135 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE  
NAME GOLDSTEIN, LEO  
STREET ADDRESS 300 BAYVIEW DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME SOL KAYE  
1.3 STREET ADDRESS 500 BAYVIEW DRIVE  
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE PD ☒ DELETE  
NAME SOBER, SIDNEY  
STREET ADDRESS 500 BAYVIEW DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

2.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition  
2.2 NAME SAM KADGER  
2.3 STREET ADDRESS 300 BAYVIEW DRIVE  
2.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE SD ☒ DELETE  
NAME ROSE, MURRAY  
STREET ADDRESS 300 BAYVIEW DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

3.1 TITLE SECRETARY ☒ Change ☐ Addition  
3.2 NAME JOAN WAINICK  
3.3 STREET ADDRESS 300 BAYVIEW DRIVE  
3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE TD ☐ DELETE  
NAME ROSENFELD, GENE  
STREET ADDRESS 500 BAYVIEW DRIVE  
CITY-ST-ZIP NORTH MIAMI BCH FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 500001836525

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP -05/23/96--01024--001  
\*\*\*161.25

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP 900001836529  
-05/23/96--01024--082  
\*\*\*161.25

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)