FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 22 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1978

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 59-1837869 ☐ 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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	KAYE, SOL		1.2 NAME	BENJAMIN WEINER	
STREET ADDRESS	500 BAYVIEW DRIVE		1.3 STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRUGER, SAM		2.2 NAME		
STREET ADDRESS	300 BOYVIEW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WAIINICK, JOAN		3.2 NAME		
STREET ADDRESS	300 BAYVIEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROSENFELD, GENE		4.2 NAME		
STREET ADDRESS	500 BAYVIEW DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BCH FL		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 added by amendment with an address.

SIGNATURE: Gene Rosenfeld Gene S. Rosenfeld Treasurer 6/5/98 (305) 944-2348