

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90125 075 ****75.00
05-03-1999 90125 076 ****75.00

DOCUMENT # 582528

1. Corporation Name

300 - 500 BAYVIEW, INC.

Principal Place of Business

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

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

FELDMAN, MICHAEL K.
1135 KANE CONCOURSE
BAY HARBOR 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WEINER, BENJAMIN	500 BAYVIEW DRIVE	SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/>
VP	KRUGER, SAM	300 BOYVIEW DRIVE	NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/>
S	WAINICK, JOAN	300 BAYVIEW DRIVE	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>
TD	ROSENFELD, GENE	500 BAYVIEW DRIVE	NORTH MIAMI BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	ALAN GREENWALD	300 BAYVIEW DRIVE	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	CHARLES ZUCKER	300 BAYVIEW DRIVE	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	FRED REISERT	500 BAYVIEW DRIVE	SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)