

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:49

**DOCUMENT # 703347 (5)**

1. Corporation Name  
**BAY FOUR INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**8000 EAST DRIVE GATE HOUSE  
106  
NORTH BAY VILLAGE FL 33141  
US**

3. Date Incorporated or Qualified <b>12/19/1961</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-2258510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**JAFFE, LEAH S  
8000 EAST DRIVE #106  
N BAY VILLAGE FL 33141**

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

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	
TITLE	<b>TD</b>
NAME	<b>MARGE, MOLWAY</b>
STREET ADDRESS	<b>8000 EAST DRIVE</b>
CITY - ST - ZIP	<b>N BAY VILLAGE FL</b>
TITLE	<b>SD</b>
NAME	<b>MOLWAY, MARJORIE E</b>
STREET ADDRESS	<b>8000 EAST DRIVE</b>
CITY - ST - ZIP	<b>NORTH BAY VILLAGE FL</b>
TITLE	<b>SO</b>
NAME	<b>SOLOMON, PHILLIP</b>
STREET ADDRESS	<b>8010 EAST DRIVE</b>
CITY - ST - ZIP	<b>N BAY VILLAGE FL</b>
TITLE	<del>VP</del>
NAME	<del>WEAVER, LARRY</del>
STREET ADDRESS	<del>8020 EAST DRIVE</del>
CITY - ST - ZIP	<del>NORTH BAY VILLAGE FL</del>
TITLE	<b>D</b>
NAME	<b>ZEHMER, RICHARD</b>
STREET ADDRESS	<b>8000 E. DRIVE, SUITE 202</b>
CITY - ST - ZIP	<b>N. BAY VILLAGE FL</b>
TITLE	<b>PD</b>
NAME	<b>JERRY GIUDICI</b>
STREET ADDRESS	<b>8000 EAST DRIVE #205</b>
CITY - ST - ZIP	<b>NORTH BAY VILLAGE FL 33141</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>TREASURER</b>
1.2 NAME	<b>MARJORIE C. MOLWAY</b>
1.3 STREET ADDRESS	<b>8020 EAST DRIVE #117</b>
1.4 CITY - ST - ZIP	<b>NO. BAY VILLAGE, FL 33141</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>17</b>
2.3 STREET ADDRESS	<b>h</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margorie C. Molway March 27, 1995 305-784-5740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR