

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703347 (5)
1. Corporation Name
BAY FOUR INC



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

3. Date Incorporated or Qualified: 12/19/1961
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-2258510
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

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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Leah S. Jaffe (Signature) 1-29-96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> DELETE
NAME	MARGE, MOLWAY	
STREET ADDRESS	8000 EAST DRIVE	
CITY - ST - ZIP	N BAY VILLAGE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOLWAY, MARJORIE E	
STREET ADDRESS	8000 EAST DRIVE	
CITY - ST - ZIP	NORTH BAY VILLAGE FL	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMON, PHILLIP	
STREET ADDRESS	8010 EAST DRIVE	
CITY - ST - ZIP	N BAY VILLAGE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIUDICI, JERRY	
STREET ADDRESS	8000 E DRIVE #205	
CITY - ST - ZIP	NORTH BAY VILLAGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIEHMER, RICHARD	
STREET ADDRESS	8000 E. DRIVE, SUITE 202	
CITY - ST - ZIP	N. BAY VILLAGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie E. Molway (Signature) TREASURER 1/29/96 (Date) 305-545440 (Daytime Phone #)
MARGORIE E. MOLWAY

CR2E037 (12/95)