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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 02/02/1996
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
JAFJE, 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 FL 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, SUZETTE	
STREET ADDRESS	988 NE 83RD STREET	
CITY-ST-ZIP	MAJMI SHORES 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LARRY WEAVER	
1.3 STREET ADDRESS	8020 EAST DR, #217	
1.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
2.1 TITLE	DIRECTOR	<input checked="" 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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANCES SOLOMON	
4.3 STREET ADDRESS	8010 EAST DR, #312	
4.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPHINE CHESLEY	
5.3 STREET ADDRESS	8010 EAST DR, #307	
5.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leah S. Jaffe, Agent *[Signature]* 2/18/97 (305) 757-0539

CR2E037 (9/96)