

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703347** (5)

1. Corporation Name  
**BAY FOUR INC**

Principal Place of Business <b>8000 EAST DRIVE GATE HOUSE 106 NORTH BAY VILLAGE FL 33141 US</b>	Mailing Address <b>8000 EAST DRIVE GATE HOUSE NORTH BAY VILLAGE FL 33141</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>12/19/1961</b>	3a. Date of Last Report <b>02/02/1996</b>	4. FEI Number <b>59-2258510</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  <b>JAFFE, LEAH S 8000 EAST DRIVE #106 N BAY VILLAGE FL 33141</b>	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <del>DELETE</del>	1.1 TITLE	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, SUZETTE	1.2 NAME	LARRY WEAVER
STREET ADDRESS	988 NE 83RD STREET	1.3 STREET ADDRESS	8020 EAST DR, #217
CITY-ST-ZIP	MAJMI SHORES FL	1.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIUDICI, JERRY	2.2 NAME	
STREET ADDRESS	8000 E DRIVE #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEHMER, RICHARD	3.2 NAME	
STREET ADDRESS	8000 E. DRIVE, SUITE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	FRANCES SOLOMON
STREET ADDRESS		4.3 STREET ADDRESS	8010 EAST DR, #312
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOSEPHINE CHESLEY
STREET ADDRESS		5.3 STREET ADDRESS	8010 EAST DR, #307
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 2/18/97 (305) 757-0539

CR2E037 (9/96)