

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**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>
--	---

3. Date Incorporated or Qualified  
**12/19/1961**

4. FEI Number  
**59-2258510**

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business	2a. Mailing Address
--------------------------------	---------------------

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
-------------------------	-------------------------

22. City & State	27. City & State
------------------	------------------

23. Zip	25. Country	28. Zip	30. Country
---------	-------------	---------	-------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WEAVER, LARRY	1.2 NAME	GERRY GIUDICI
STREET ADDRESS	8020 EAST DRIVE, #217	1.3 STREET ADDRESS	8000 EAST DRIVE, #205
CITY-ST-ZIP	N. BAY VILLAGE FL	1.4 CITY-ST-ZIP	M. BAY VILLAGE FL
TITLE	D	2.1 TITLE	D
NAME	GIUDICI, JERRY	2.2 NAME	FRAN SOLOMON
STREET ADDRESS	8000 E DRIVE #205	2.3 STREET ADDRESS	8010 EAST DRIVE, #312
CITY-ST-ZIP	NORTH BAY VILLAGE FL	2.4 CITY-ST-ZIP	N. BY VILLAGE, FL
TITLE	D	3.1 TITLE	T
NAME	ZIEHMER, RICHARD	3.2 NAME	LARRY WEAVER
STREET ADDRESS	8000 E. DRIVE, SUITE 202	3.3 STREET ADDRESS	8020 EAST DRIVE, #118
CITY-ST-ZIP	N. BAY VILLAGE FL	3.4 CITY-ST-ZIP	N. BAY VILLAGE, FL
TITLE	T	4.1 TITLE	D
NAME	SOLOMON, FRANCES	4.2 NAME	HARRY CAICEDO
STREET ADDRESS	8010 EAST DRIVE, #312	4.3 STREET ADDRESS	8010 EAST DRIVE, #207
CITY-ST-ZIP	N. BAY VILLAGE FL	4.4 CITY-ST-ZIP	N. BAY VILLAGE, FL
TITLE	D	5.1 TITLE	
NAME	CHESLEY, JOSEPHINE	5.2 NAME	
STREET ADDRESS	8010 EAST DRIVE, #307	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WEAVER, LARRY	1.2 NAME	GERRY GIUDICI
STREET ADDRESS	8020 EAST DRIVE, #217	1.3 STREET ADDRESS	8000 EAST DRIVE, #205
CITY-ST-ZIP	N. BAY VILLAGE FL	1.4 CITY-ST-ZIP	M. BAY VILLAGE FL
TITLE	D	2.1 TITLE	D
NAME	GIUDICI, JERRY	2.2 NAME	FRAN SOLOMON
STREET ADDRESS	8000 E DRIVE #205	2.3 STREET ADDRESS	8010 EAST DRIVE, #312
CITY-ST-ZIP	NORTH BAY VILLAGE FL	2.4 CITY-ST-ZIP	N. BY VILLAGE, FL
TITLE	D	3.1 TITLE	T
NAME	ZIEHMER, RICHARD	3.2 NAME	LARRY WEAVER
STREET ADDRESS	8000 E. DRIVE, SUITE 202	3.3 STREET ADDRESS	8020 EAST DRIVE, #118
CITY-ST-ZIP	N. BAY VILLAGE FL	3.4 CITY-ST-ZIP	N. BAY VILLAGE, FL
TITLE	T	4.1 TITLE	D
NAME	SOLOMON, FRANCES	4.2 NAME	HARRY CAICEDO
STREET ADDRESS	8010 EAST DRIVE, #312	4.3 STREET ADDRESS	8010 EAST DRIVE, #207
CITY-ST-ZIP	N. BAY VILLAGE FL	4.4 CITY-ST-ZIP	N. BAY VILLAGE, FL
TITLE	D	5.1 TITLE	
NAME	CHESLEY, JOSEPHINE	5.2 NAME	
STREET ADDRESS	8010 EAST DRIVE, #307	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. BAY VILLAGE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 3-11-98 305-757-0539

CR2E037 (10/97)