

FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90040 018 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703347

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



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 12/19/1961 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-2258510 | |
| 22 | | 27 | | Applied For | |
| | | | | Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| City & State | | City & State | | \$8.75 Additional Fee Required | |
| 24 | | 25 | | 29 | |
| Zip | | Country | | 30 | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> | |
| | | | | Trust Fund Contribution <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| JAFFE, LEAH S 8000 EAST DRIVE #106 N BAY VILLAGE FL 33141 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

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 | T | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WEAVER, LARRY | | | 1.2 NAME | MARJORIE MOLWAY | | |
| STREET ADDRESS | 8020 EAST DRIVE, #217 | | | 1.3 STREET ADDRESS | 8000 EAST DR #117 | | |
| CITY-ST-ZIP | N. BAY VILLAGE FL | | | 1.4 CITY-ST-ZIP | NORTH BAY VILLAGE, FL 33141 | | |
| TITLE | # P | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input 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 | CAICEDO, HARRY | | | 3.2 NAME | | | |
| STREET ADDRESS | 8010 EAST DRIVE, #207 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | N. BAY VILLAGE FL 33141 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SOLOMON, FRANCES | | | 4.2 NAME | SEYMOUR STERN | | |
| STREET ADDRESS | 8010 EAST DRIVE, #312 | | | 4.3 STREET ADDRESS | 8020 EAST DR #315 | | |
| CITY-ST-ZIP | N. BAY VILLAGE FL | | | 4.4 CITY-ST-ZIP | NORTH BAY VILLAGE, FL 33141 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 | | <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 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, with all other like empowered

SIGNATURE: *Martorie Molway* SIGNATURE REQUIRED: *Martorie Molway* Date: 3/16/99 Daytime Phone #: 305-754-5940

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CR2E037 (1/198)