

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720559 (4)
 1. Corporation Name
BAY COLONY OF BAL HARBOUR, INC.



Principal Place of Business 220 BAL BAY DRIVE BAL HARBOUR FL 33154	Mailing Address 220 BAL BAY DRIVE BAL HARBOUR FL 33154
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3. Date Incorporated or Qualified 03/22/1971	3a. Date of Last Report 02/06/1995
4. FEI Number 59-1917332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**LOOBY, JOHN LANG
 220 BAL BAY DRIVE
 BAL HARBOUR FL 33154**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	LOOBY, JOHN LANG	
STREET ADDRESS	220 BAL BAY DRIVE	
CITY - ST - ZIP	BAL HARBOUR FL	
TITLE	VD	<input type="checkbox"/>
NAME	LEE, CATHERINE	
STREET ADDRESS	10245 COLLINS	
CITY - ST - ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/>
NAME	LOOBY, ROBERT K.	
STREET ADDRESS	220 BAL BAY DRIVE	
CITY - ST - ZIP	BAL HARBOUR FL	
TITLE	TD	<input type="checkbox"/>
NAME	PETERSON, ANN	
STREET ADDRESS	10698 N.E. 6TH AVENUE	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE	TD	<input type="checkbox"/>
NAME	PETERSON, HELEN	
STREET ADDRESS	284 BAL CROSS DRIVE	
CITY - ST - ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, changed, or on an attachment with an address.

SIGNATURE: John Lang Looby Pres. Date: 6/7/96
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John Lang Looby Pres. Daytime Phone # _____

CR2E037 (3/96)