FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS						Secretary of State		
DOCUI	MENT	# 723910	(6)	***************************************				
BAY EA	AST EIGH	T, INC.				4 106111 (8810 11884 (A))	 	
Principal Place of Business			Malling Address				ISI BEBIR WIDDE BROKE DIGER WI	Bil dibit ibal
B39 BRANDYWIN LARGO FL 8484			LARGO FE 88771-1849					
			Bau East	r #8		3. Date incorporated or Qualified 07/19/1972	3a. Date of Last R 01/31/19	eport 96
Principal Place of Business 1			28. Mailing Address 28. Clo. PAREKH, Commons Co.		4. FEI Number 59-2292087		oplied For ot Applicable	
Suite, Apt.	#, e1c.		Suite Apt. #, etc.			5. Certificate of Status Desired	F) \$8.75	Additional
City & State			27 3700 EAST BAY DR #107			Fee Re	equired	
23			28 LARGO, FL		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
24 Zip 335	ודיר	Country 25	29 33771		uas	This corporation has liability for in Florida Statutes	ntangible tax under s Yes No	. 199.032,
24 00	9, Name	and Address of Current		30 1 170	עעע	10. Name and Address of New Re		
				81 Na	me			
	OR, J. OLIV		82 Street Addre		ss (P.O. Box Number is Not Acceptab	le)	······································	
839 BRANDYWINE DR. LARGO FL 04041 33771								
84 City							85 Zip	Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation of sections 617.0503, Florida Statutes, the above-named corporation of the section of th						ration submite this statement for the n	FL O Zip	te ranieterad
office or r	egistered ag m familiar wi	ent, or both, in the State of the and accept the obligation	of Florida, Such change was a tions of Section 617 0503. Flo	uthorized by the	corporatio	in's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE				· .				
12.	Signature, typed	or printed name of registered ager OFFICERS AND		: Registered Agent sign	alure required	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR	RS IN 12
TALE	$\boldsymbol{\times}$		☐ DELETE	1.1 TITLE	VP		Change	Addition
NAME		OR, OLIVE		1.2 NAME				
STREET ADDRESS	LARGO	NDYWINE DRIVE		1.3 STREET ADOR	ESS			
CITY-ST-ZIP TITLE	JAPE .		☐ DELETE	1.4 CITY-ST-ZIP	P7	ъ	Change	Addition
NAME	HOLMES			2.2 NAME	' '			
STREET ADDRESS 822 BRANDYWINE DR.				2.3 STREET ADDR	ess			
CITY-ST-ZIP	LARGO	FL	DELETE	2. 4 CITY-ST-ZIP			Change	☐ Addition
TITLE NAME	D Silcox,	ан	TEL DECELE	3.1 TITLE 3.2 NAME			C. Creatige	
STREET ADDRESS		NDYWINE DR.		3.3 STREET ADDR	ESS			
CITY-ST-ZIP	LARGO,	FL .		3.4. CITY - ST - ZIP				
TITLE	TD		☐ DELETE	4.1 TITLE			Change	Addition
NAME		I, ELIZABETH		4. 2 NAME	500			
STREET ADDRESS CITY-ST-ZIP	LARGO	INDYWINE DRIVE		4.3 STREET ADDR	198			
TITLE	SD	, pal	DELETE	5.1 TITLE			Change	Addition
NAME	BELMON	ITE, DOROTHY		5.2 NAME		BRANDYWINE !	No.	
STREET ADDRESS		INDYWIND DR.		5.3 STREET ADDR	ESS	OKHOU WINE	UK.	
CITY-ST-ZIP	LARGO	<u> </u>	DELETE	5.4 CiTY-ST-ZIP		-	☐ Change	Addition
NAME	D HARGRE	AVES, MARGARET	Lad Derest	6.1 TITLE 6.2 NAME			FT CHAINE	- Mandall
STREET ADDRESS		NDY WINE DR		6.3 STREET ADDR	ESS			
1	LADGO				1			

14. I do hereby certify that the information supplied with this filling 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 trivistee 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:

FILED

Feb 21 1997 8:00am