

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morathan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745292 (3)**

1. Corporation Name  
**2200 SOUTH BAY, INC.**



Principal Place of Business <b>22 FOREST LN EUSTIS FL 32726</b>	Mailing Address <b>22 FOREST LN EUSTIS FL 32726-5366</b>
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3. Date Incorporated or Qualified <b>12/16/1978</b>	3a. Date of Last Report <b>02/01/1996</b>
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2. Principal Place of Business <b>21 2200 So. Bay St.</b>	2a. Mailing Address <b>26 P.O. Box 866</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State <b>EUSTIS, FLA.</b>	27 City & State <b>MOUNT DORA, FL</b>
23 Zip <b>32726</b>	25 Country <b>USA</b>
24 Zip <b>32756</b>	30 Country <b>USA</b>

4. FEI Number <b>59-1977264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**TRASK, ARET E  
22 FOREST LANE  
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TRASK, ARET E</b>	
STREET ADDRESS	<b>22 FOREST LANE</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRAZINIC, STEPHAN E.</b>	
STREET ADDRESS	<b>2200 S BAY ST STE A</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE	<b>TSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JENSEN, TRACY</b>	
STREET ADDRESS	<b>3000 LK WOODWARD DR</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DRAZINIC STEPHAN E.</b>	
1.3 STREET ADDRESS	<b>1006 Hermosa Rd.</b>	
1.4 CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TRASK ARET E</b>	
2.3 STREET ADDRESS	<b>POBOX 866 MOUNT DORA</b>	
2.4 CITY-ST-ZIP	<b>32757</b>	
3.1 TITLE	<b>TSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DRAZINIC STEPHAN E</b>	
3.3 STREET ADDRESS	<b>1006 Hermosa RD.</b>	
3.4 CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Stephan E. Drazinic 042097 3578516  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013650

CR2E037 (9/96)