

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Thompson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F27998

(6)

1. Corporation Name

BAYSIDE MANAGEMENT, INC.



Principal Place of Business

75501 OVERSEAS HIGHWAY
POST OFFICE BOX 26
ISLAMORADA FL 33036

Mailing Address

75501 OVERSEAS HIGHWAY
POST OFFICE BOX 26
ISLAMORADA FL 33036

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

ASKEW, JEANNE F.
375 S. COCONUT PALM BL.
TAVERNIER FL 33070

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. The entity accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of person making this statement (Section 607.0502, Florida Statutes)

Signature of person making this statement (Section 607.0502, Florida Statutes)

Date

12. OFFICERS AND DIRECTORS

TITLE

PST

☐ DELETE

NAME

ASKEW, JEANNE F.

STREET ADDRESS

115 BEE STREET

CITY, ST, ZIP

TAVERNIER FL

TITLE

D

☐ DELETE

NAME

ASKEW, JEANNE F.

STREET ADDRESS

115 BEE STREET

CITY, ST, ZIP

TAVERNIER FL

TITLE

VD

☐ DELETE

NAME

ASKEW, WILLIAM N.

STREET ADDRESS

115 BEE STREET

CITY, ST, ZIP

TAVERNIER FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

39 TITLE

14. I do hereby certify that the information supplied with this form 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeanne F. Askew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 305664-8081
Date Filed Document Number

CR2E034 (12/95)