

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F71350 (5)

1. Corporation Name

BAY COLONY HOMES, INC.

Principal Place of Business

Mailing Address

C/O PERLMAN & FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131
US

C/O PERLMAN & FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131
US



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/17/1982

3a. Date of Last Report

07/05/1995

4. FET Number

65-0102062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

PERLMAN & FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

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 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

Signature typed or printed name of officer or director, if applicable

Signature typed or printed name of officer or director, if applicable

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME KEHRMANN, KARL HEINZ
STREET ADDRESS 120 COMPASS DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE V
NAME KEHRMANN, MARIESE
STREET ADDRESS 120 COMPASS DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE T
12 NAME KEHRMANN, KARL HEINZ
13 STREET ADDRESS 120 COMPASS DRIVE
14 CITY-ST-ZIP FT. LAUDERDALE, FL. ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KARL HEINZ KEHRMANN, President

4-13-1996 044940 441850

CR2E034 (12/95)