

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90014 038 ***150.00

DOCUMENT # F71350

1. Corporation Name

BAY COLONY HOMES, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1982

4. FEI Number

65-0102062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 c/o Perlman & Associate, P.A.

22 Suite, Apt. #, etc. Suite 900
799 Brickell Plaza

City & State

23 Miami, Florida

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 c/o Perlman & Associate, P.A.

27 Suite, Apt. #, etc. Suite 900
799 Brickell Plaza

City & State

28 Miami, Florida

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name PERLMAN & ASSOCIATE, P.A.

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

83 Suite 900

84 City Miami

FL

85 Zip Code 33131

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 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 607.0505, Florida Statutes.

SIGNATURE

GEORGE D. PERLMAN, President

2/18/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME T
KEHRMANN, KARL HEINZ
STREET ADDRESS 120 COMPASS DRIVE
CITY-ST-ZIP FT. LAUDERDALE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KARL HEINZ KEHRMANN, President

CR2E034 (1/98)

0186905