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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

0186905

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	
2. Principal Place of Business 21 c/o Perlman & Associate, PA		2a. Mailing Address 26 c/o Perlman & Associate, P.A.	
Suite, Apt. #, etc. Suite 900 22 799 Brickell Plaza		Suite, Apt. #, etc. Suite 900 27 799 Brickell Plaza	
City & State 23 Miami, Florida		City & State 28 Miami, Florida	
Zip 33131 Country USA 24		Zip 33131 Country USA 29	
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 <i>George D. Perlman</i> GEORGE D. PERLMAN, President 2/18/99			
(NOTE: Registered Agent signature required when reinstating) DATE			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHRMANN, KARL HEINZ		1.2 NAME
STREET ADDRESS	120 COMPASS DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHRMANN, MARLIESE		2.2 NAME
STREET ADDRESS	120 COMPASS DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHRMANN, KARL HEINZ		3.2 NAME
STREET ADDRESS	120 COMPASS DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.4 CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this document 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 amendment 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: *George D. Karl Heinz Kehrmann* KARL HEINZ KEHRMANN, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)