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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002726 (8)

BAYROCK TAMPA REALTY, INC.

Principal Place of Business

Mailing Address

FILED Jan 17 1997 8:00am Secretary of State



2. Princinal P.a				C/O THE TAYLOR SIMPSON GROUP ONE ROCKEFELLER PLAZA. SUITE 2420 NEW YORK NY 10020-2102		
2. Principal P.a					 Date Incorporated or Qualified 05/25/1993 	3a. Date of Last Report 05/14/1996
2. Principal Place of Business 2a. Mailing Address			\$		4. FEI Number	Applied For
21 26					13-3728567	Not Applicable
Suite, Apt #	30 -	Suite, Apt. #, e	Suite, Apt. #, etc. 27 Suite A300 City & State 28		5. Certificate of Status Desired Section Section 5. Section Se	
City & State		r			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	30 Cou	ntry		Yes DNo
	9. Name and Address of Cur				10. Name and Address of New R	egistered Agent
	PORATION SERVICE COMPA	WY		81 Name		
1201 HAYS STREET TALLAHASSEE FL 32301					ddress (P.O. Box Number is Not Acceptable)	
				63		
				84 City		FL 85 Zip Code
SIGNATURE	familiar with, and accept the ob-	ragent and title if applicable	(NOTE: Registered		equired when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	····	ADDITIONS/CHANGES TO OFFI	
TITLE	TAYLOR, PAUL E JR.	[_] DELE	TE 11TI	ILF		Change Addition
NAME	C/O ONE ROCKEFELLER P	NATA SHITE 9490	12 N/	ME		
STREET ADDRESS	NEW YORK NY 10020	LALA GOITE ETEN		REET ADDRESS		
CITY - ST - ZIP	VSD	DELL		TY-ST-ZIP		Change Addition
TITLE	SIMPSON, KENNETH H JR					Change C Abound
NAME	C/O ONE ROCKEFELLER P		22 N/			
STREET ADDRESS	NEW YORK NY 10020	,	1	REET ADDRESS		
CITY - ST - ZIP TITLE	VDAS	DELE		ITY - ST - ZIP		Change Addition
AME	TAYLOR, PAUL E III	-	3.2 N/			
STREET ADDRESS	C/O ONE ROCKEFELLER P	PLAZA, SUITE 2420		REFT ADDRESS		
CHTY - ST - ZIP	NEW YORK NY 10020			ITY-ST-7IP		
TITLE		☐ DELE				Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY~\$T~ <i>2</i> IP		
ITLE		DEti	TE 5.1 TI	TLE		☐ Change ☐ Addition
NAMÉ			5.2 N	AME		
STREET ADDRESS			538	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TILLE		DELI	ETE 61TI	TLE		☐ Change ☐ Addition
			6.2 N	AME		
NAME						
NAME STREET ADDRESS			635	REET ADDRESS		

I do hereby define the information supplies with this hing does not quality for the exemption stated in section 119.07(5)(f), horizontal statutes. There 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 of 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 charged in on an attachment with an address.

SIGNATURE: