

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F96020** (5)
1. Corporation Name
BAYSHORE REALTY ADVISORS, INCORPORATED



Principal Place of Business Mailing Address
4601 SHERIDAN STREET, SUITE #218 **4601 SHERIDAN STREET, SUITE #218**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1982		3a. Date of Last Report 05/01/1995	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-2212272		Applied For Not Applicable	
22. City & State	27. City & State			5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip			6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent WORKMAN, SIDNEY 4601 SHERIDAN STREET, SUITE #218 HOLLYWOOD FL 33021				10. Name and Address of New Registered Agent			
				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 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

Signature typed or printed name of registered agent and state last available

(Printed Name of Agent) Signature (Typed Name of Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WORKMAN, SIDNEY J.	1.2 NAME	
STREET ADDRESS	4601 SHERIDAN ST., #218	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WORKMAN, ALENE	2.2 NAME	
STREET ADDRESS	4601 SHERIDAN ST. STE. 218	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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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

DATE

DATE IN PHONIC

CR2E034 (12/95)

4-27-96