

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  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90286 046 \*\*\*150.00

DOCUMENT # F98000006916

1. Corporation Name  
BAYVIEW COMPANY LIMITED, INC.



Principal Place of Business  
1430 SW 72ND AVE.  
PLANTATION FL 33317-5078

Mailing Address  
1430 SW 72ND AVE.  
PLANTATION FL 33317-5078

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1561 NW 116 ST		26 P.O. Box 290925		12/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 2310		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 PLANTATION, FL		28 DAVIDE, FLORIDA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33313		29 33329		30 BROWARD	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MUNROE, WARREN E 1430 SW 72ND AVE. PLANTATION FL 33317-5078				81 Name WARREN E. MUNROE	
				82 Street Address (P.O. Box Number is Not Acceptable) 1561 NW 116 ST	
				83 SUITE 2310	
				84 City PLANTATION FL 85 Zip Code 33313	

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 WARREN E. MUNROE VICE PRESIDENT DATE 4/13/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNROE, YVONNE	1.2 NAME	
STREET ADDRESS	1430 SW 72ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317-5078	1.4 CITY-ST-ZIP	
TITLE	WSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNROE, WAYNE	2.2 NAME	
STREET ADDRESS	1430 SW 72ND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317-5078	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

WARREN E. MUNROE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)