

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G26489** (6)
1. Corporation Name
BAYVIEW CONSULTANTS, INC.



Principal Place of Business: % SAMUEL J. BLUM, 4220 FAIRWAY RUN, TAMPA FL 33624
Mailing Address: % SAMUEL J. BLUM, 4220 FAIRWAY RUN, TAMPA FL 33624

3. Date Incorporated or Qualified: 03/04/1983
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-2263063
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21-24
2a. Mailing Address: 25-30
21-22: Suite, Apt. #, etc.
23: City & State
24: Zip, Country
25-26: Suite, Apt. #, etc.
27: City & State
28: Zip, Country
29: Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, SAMUEL J.
4220 FAIRWAY RN.
TAMPA FL 33624

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: BLUM, SAMUEL, J.
STREET ADDRESS: 4220 FAIRWAY RUN
CITY-ST-ZIP: TAMPA FL
[] DELETE

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 do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption state 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 manager 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: *Samuel J. Blum* SAMUEL J. BLUM 4-7-96 813-962-3764
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)