


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

FILED

99 SEP 27 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H22782				
1. Corporation Name SOUTHBAY UTILITIES, INC.				
Principal Place of Business % PAUL L. PAVER 4370 S. TAMMAM TRAIL SARASOTA FL 34231		Mailing Address % PAUL L. PAVER 4370 S. TAMMAM TRAIL SARASOTA FL 34231		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2455612	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PAVER, PAUL L. 4370 S. TAMMAM TRAIL SARASOTA FL 34231		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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVER, PAUL L.	1.2 NAME	
STREET ADDRESS	4370 S. TAMMAM TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	600003013076--3
STREET ADDRESS		2.3 STREET ADDRESS	-10/13/99--01003--004
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****150.00 *****150.00
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 or changed, or on an attachment with an address, with all other like empowered.

SOUTHBAY UTILITIES, INC.

***4370 S. TAMiami TRAIL • P.O. BOX 2078 • SARASOTA, FL 34230-2078
(941) 922-3516***

September 8, 1999

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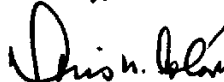
Annual Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

We received a second notice for our 1999-profit corporation annual report. Upon checking we found that we had paid \$150.00 on February 19, 1999, check #10753. The check copy is attached unfortunately we went to our bank reconciliation and found that check #10753 was outstanding. In order to demonstrate our good faith I am including copies of all documentation and a copy of our bank reconciliation. Enclosed is a substitute check for our check # 10753 for \$150.00 in payment of our report (copy attached).

Should you require additional information please call me at (941) 922-3516, Ext. 307.

Sincerely,


Doris Colon
Controller

DC: djp

Cc: Diana Paver