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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

H38715

(9)

Mailing Address

BAY LAKE DEVELOPMENT REALTY, INC.

FILED	
Jan 21 1998 8:00ar	n
Secretary of State	•



320 W FLETCHER #101B TAMPA FL 33612				320 W FLETCHER #101B TAMPA FL 33612				DO NOT WRITE IN THIS SPACE				
	·							3.	Date Incorporated or Qualified 01/21/1985			
2.	2. Principal Place of Business			2a. Mailing Address				4.	FEI Number		Applied For	
21	21			26				59-2873415 Not Applic				
22	Suite, Apt. #, etc.	Sui 27	Suile, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State	City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
24	Zip	Country 25	29	Z(p) Col				8.	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent ye Yes		
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
LAYTON, NEIL 320 W FLETCHER #101B TAMPA FL 33612					81	Name						
					82	Street Address (P.O. Box Number is Not Acceptable)						
						83						
						84	City		FL	85	Zip Code	
11	Pursuant to the provis	sions of Sections 607 0502	and 607.1	508, Florida Statut	tos, the at	ove	-named corpo	oratio	n submits this statement for the purpose of	chanç	ging 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE LAYTON, NEIL ALAN 1.2 NAME NAME 13907 N. DALE MABRY HWY. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 711LE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP

14. Thereby 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.

CIGNATURE: X

813.961-8898