

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H78833 (1)
 1. Corporation Name
BAYFRONT ENTERPRISES, INC.



Principal Place of Business Mailing Address
% JAMES W ALBRIGHT
701 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701-4814

3. Date Incorporated or Qualified **10/02/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **c/o Sue G. Brody** 26 **c/o Sue G. Brody**
 Suite, Apt. #, etc Suite, Apt. #, etc
 22 **701 6th Street South** 27 **701 6th Street South**
 City & State City & State
 23 **St. Petersburg, FL** 28 **St. Petersburg, FL**
 Zip Country Zip Country
 24 **33701** 25 **USA** 29 **33701** 30 **USA**

4. FEI Number **59-2592872** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BRODY, SUE G.
701 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	President
NAME	BRODY, SUE G	1.2 NAME	
STREET ADDRESS	701 6TH ST SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	
TITLE	P	2.2 NAME	
NAME	ROEDER, ROSS	2.3 STREET ADDRESS	
STREET ADDRESS	1325 SNELL ISLE BLVD. N.E.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	3.1 TITLE	Secretary/Treasurer
	<input checked="" type="checkbox"/> DELETE	3.2 NAME	
TITLE	SD	3.3 STREET ADDRESS	
NAME	HEINZ, DONALD	3.4 CITY-ST-ZIP	
STREET ADDRESS	701 6TH ST SOUTH	4.1 TITLE	Executive Vice President
CITY-ST-ZIP	ST. PETERSBURG FL 33701	4.2 NAME	James D. Krauss
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	701 6th Street South
TITLE		4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Donald J. Heinz** 3/7/96 (813) 893-6015
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)