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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION O	F CORPORATIONS		
DOCUN 1. Corporation		92 (5)			
	IAL BAY REALTY, INC.				
Principal Place of Business Mailing Address		Mailing Address		a administ debt sates dibite abbite tiblis	a 1141 a1411 a1411 a1411 a1411 a1411 a1411 1061
5220 S. STATE ROAD 7 FT. LAUDERDALE FL 33314 US		C/O DANCA. ANTHONY R. 24 N.W. 25 STREET DELRAY BEACH FL 33444			
00		US US	••••	 Date Incorporated or Qualified 10/15/1985 	3s. Date of Last Report 04/06/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	, etc	Suite, Apt. #, etc.		59-2597988 5. Certificate of Status Desired	\$8.75 Additional
2 City & State		27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23	··· ·· ·· · · · · · · · · · · · · · ·	28	6-1-	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z)p 29	Country 30	8. This corporation has liabili. 1. Florida Statutes Ye	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New	Registered Agent
DANCA	ANTHONY D				
DANCA, ANTHONY R. 24 N.W. 25 STREET			82 Street Add	ress (P.O. Box Number is Not Accepta	(ble)
	BEACH FL 33444		83		
			84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above named corpo	ration submits this statement for the p	urpose of changing its registered office
or registere famil är witt	ed agent, or both, in the State of R h, and accept the obligations of St	orligt. Such change was author action 607,6505, Florida Statute	zed by the corporation's books.	GU of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE .	/		O E Segistered Agent signature require	1-1 7	f. bry 1 1990
12.	Signature, typoid optimied man e of registered ag OF FICERS A	IND DIRECTORS	IO E Segistered Agent signaffire require	-	FICERS AND DIRECTORS IN 12
THUE	DP	DELETE	1. 1 TiTLE	······································	☐ Change ☐ Addition
NAME	DANCA, ANTHONY R.		1.2 NAME		,
STREET ADDRESS	24 N.W. 25TH ST.		1.3 STREET ADDRESS		
CHY-ST ZIE	DELRAY BEACH FL D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	DANCA, KAREN J.	<u></u>	2 2 NAME		C. C. Lange C. Massineri
STREET ADDRESS	24 N.W. 25TH ST.		2 3 STHEET ADDRESS		
CHY-ST-ZIP	DELRAY BEACH FL		2 4 CITY - ST - ZIP		
TIEF		☐ DELETE.	3 1 THLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
C 1Y - \$1 - ZiP			3 4 CITY - ST - ZIP		
THE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
DITY ST-7.P		☐ DELETE	4.4 C/TY-ST-ZIP 5.1 TITLE		Change Addition
NAME		Прин	52 NAME		Li Change Li Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CLY ST 7P			5.4 CITY - ST - ZIP		
DELE		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
				for the exemption stated in Section 11	
certify that oath; that I	the information indicated on this ar Lam an officer or director of the co	nnual report or supplemental ar poration-or the receiver or trust	inual report is true and accur- ice empowered to execute the	ate and that my signature shall have the report as required by Chapter 607,	e same legal effect as if made under
appears in	Block 12 or Block 13 if changed of	or on an attachment with an ad-	dress.	~	
SIGNAT	URE:		In Homes &	14WA 2-1-96	167-278-9537
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Parades Date	Daytime Phone