

AMENDED  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
Bay Point Retailers, Inc.  
DOCUMENT #  
J30493

Mailing Address  
4412 Delwood Lane  
Panama City Beach,  
FL 32408  
Principal Place of Business  
4412 Delwood Lane  
Panama City Beach,  
FL 32408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	8/27/86	4/27/95
22	27	4. FEI Number	Applied For
23	28	59-2709072	Not Applicable
24	29	5. Certificate of Status Desired	6. Election Campaign
25	30	\$8.75 Additional Fee Required <input type="checkbox"/>	Financing Trust
		7. Nonprofit Exempt from \$138.75	Fund Contribution <input type="checkbox"/>
		Supplemental Fee <input type="checkbox"/>	\$5.00 May Be
		8. This corporation has liability for intangible tax under S. 199.032,	Added to Fees
		Florida Statutes <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

Gary Wakstein  
4412 Delwood Lane  
Panama City Beach, FL 32408

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PB	1.1 TITLE	PD change
1.2 NAME	William-F.-Spann	1.2 NAME	Gary Wakstein
1.3 STREET ADDRESS	100-Delwood-Beach-Road	1.3 STREET ADDRESS	4412 Delwood Lane
1.4 CITY-ST-ZIP	Panama-City-Beach, FL	1.4 CITY-ST-ZIP	Panama City Beach, FL
2.1 TITLE	VTD	2.1 TITLE	200001708262
2.2 NAME	Gary Wakstein	2.2 NAME	-02/06/96--01101--024
2.3 STREET ADDRESS	4412 Delwood Lane	2.3 STREET ADDRESS	****200.00 ****200.00
2.4 CITY-ST-ZIP	Panama City Beach, FL	2.4 CITY-ST-ZIP	
3.1 TITLE	SD	3.1 TITLE	
3.2 NAME	Hy Wakstein	3.2 NAME	
3.3 STREET ADDRESS	2413 Islandview Drive	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Panama City, FL	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Gary Wakstein Gary Wakstein, President (904) 769-1414 1/11/96  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #