AMENDED CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

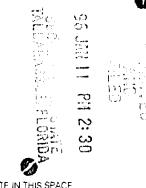
1. Corporation Name

Bay Point Retailers, Inc.

DOCUMENT # J30493

Making Address

Principal Place of Business



4412 Delwood Lane 4412 Delwood La						į	O.D.		[
Panama City Beach,		Panama City Beach,			١,							
${ t FL}$	32408	FL 32408			DO NOT WRITE IN THIS SPACE							
					3. Date incorporated or Qualified 38. Date of Last Report							
	presses are incorrect in any way, line thr			tion	below.	8/27/86	4/	27/	····			
2. Mailing Addres	ss	2a. Principa Place of 8.	isiness			4. FEI Number			Applied For			
21		26				59-2709072			Not Applicable			
S⊎te, Apt. #, ∈	etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired 6. Election Campaign Financing Trust						
22		27				\$8.75 Additional Fee Requir		Fund	Contribution 🔲			
City & State		City & State				Supplemental Fee	, Ll		.00 мау Ве			
23 Zip	Country	28 Zip	Coun			· · · · · · · · · · · · · · · · · · ·	intennihle ta		ded to Fees			
24	25	29	30	itry 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes					0. 100.002,			
	9. Name and Address of Current		301			10. Name and Address of New F		haent				
	S. Name and Address of Current	registered Agent		B1	Name	TO. Maine and Address of New P	iefisieien ,	About				
Gary W	akstein		[
	elwood Lane		[4	82 Street Address (P.O. Box Number is Not Acceptable)								
Panama City Beach, FL 32408					83							
r arrama	crey beach, rh	32400	`									
			Ţī	B4	City		FL	85	Zip Code			
dd. Dischard da			(7.0500 + 2.4	إ	7.1500 Flacida	Contract the shape and second		this ata	tomont			
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 acco	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						
12.	g-stered Agen: Accepting Appointment) (NOTE Re OFFICERS AND			13.		CHANGES TO OFFICERS	AND DIREC	TOPS	IN 12			
11 TITLE	PB	DINCOTO: Id			TITLE	PD	AND DIVIDE		hange			
1.2 NAME					NAME	Gary Wakstein						
1.3 STREET ADDRESS	William-Fr-Spann				STREET ADDRESS	1 445 1						
14 CITY-ST-ZIP					CITY-ST-ZIP	Panama City Beach, FL						
21 TITLE	VTD	CHT-FD			TITLE							
22 NAME	Gary Wakstein		ł	2.2	NAMÉ	ربرج	ກິຕິຕິ 1		76275			
2 3 STREET ADDRESS	4412 Delwood Lane				STREET ADDRESS	20001708262 -02/06/9601101024 ****200.00 ****200.00						
24 CITY - ST - ZIP	Panama City Beach, FL				CITY-ST-ZIP	年年年	K200.00	3 (1)	***ZUU.UU			
3.1 TITLE	SD SD				TITLE							
32 NAME					NAME							
3 3 STREET ADDRESS	Hy Wakstein		1	33	STREET ADDRESS				i			
3 4 CITY-ST-ZIP	2413 Islandview Drive				CITY-ST-ZIP							
41 TITLE	Panama City, FI	<u></u>			TITLE	7	··· · · · · · · · · · · · · · · · · ·					
4.2 NAME				4.2	NAME	\						
4 3 STREET ADDRESS					STREET ADDRESS				ı			
4 4 CITY - ST - ZIP					CITY-ST-ZIP							
51 TITLE					TITLE							
5.2 NAME			1		NAME				:			
5 3 STREET ADDRESS			ľ		STREET ADDRESS							
5 4 CITY - ST- ZIP					CITY - ST - ZIP							
61 TITLE			···		TITLE	<u></u>						
6 2 NAME			ŀ		NAME							
6 3 STREET ADDRESS			1		STREET ADDRESS							
6 4 CITY-ST-ZIP					CITY-ST-ZIP							
				2.7								

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), Fiorida 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 cath; that I have fulfilled all obligations concerning unclaimed properly 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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