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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J35555 (8)

1. Corporation Name  
BAYBROOK PROPERTIES, INC.

Principal Place of Business  
% JACK H. BRAY  
4830 W. KENNEDY BLVD., SUITE 740  
TAMPA FL 33609-2552

Mailing Address  
% JACK H. BRAY  
4830 W. KENNEDY BLVD., SUITE 740  
TAMPA FL 33609-2552



3. Date Incorporated or Qualified 09/24/1986	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2733867	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
BRAY, DOREEN.  
4830 W. KENNEDY BLVD.  
SUITE 740, ONE URBAN CENTER  
TAMPA FL 33609

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BRAY, DOREEN M.
STREET ADDRESS	4830 W. KENNEDY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	VPS
NAME	ROSS, SAMUEL K.
STREET ADDRESS	4830 W. KENNEDY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	AS
NAME	GREEN, DANIEL B.
STREET ADDRESS	4830 W. KENNEDY BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	WEST, DALE A
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 740
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Bray, Jack H.
1.3 STREET ADDRESS	4830 W. Kennedy Blvd. Ste 740
1.4 CITY - ST - ZIP	Tampa, FL 33609
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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.

SIGNATURE: *[Signature]* Date: 4-15-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)