FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J80167

(6)

BAYSIDE DESIGNS, INC.

Principal Place	e of Business	Mailing Address			TORI ITER BIOL LUIN ROTON INDIA BAITA LERF I				
3097 46TH AVE N ST PETERSBURG FL 33714 ST PETERSBURG FL 33714-381			4-3815						
						3. Date Incorporated or Qualified 06/29/1987	3a. Date of Last Report 04/02/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For
21		26				59-2823951			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		4	Additional equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zıp	Coun	itry		8. This corporation has liability for i			. 199.032,
24	25	29	30				Yes [
	9. Name and Address of Curre	ent Registered Agent		T-		10. Name and Address of New Re	istered	Agent	
	etti, lucille		'	81 1	Name				
3097 46TH AVE N				82	Street Addre	ss (P.O. Box Number is Not Acceptab	ie)		
, ST P	PETERSBURG 33714		ļ.						
			1	83					
			Ī	84 (City		FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	tes, the ab	ove-n	named corpo	pration submits this statement for the p	urpose o	f changing it	ts registered
office or r	registered agent, or both, in the Stat	e of Florida. Such change was	authorized	by th	ne corporation	oration submits this statement for the pon's board of directors. I hereby accept	t the app	oointment as	registered
	Lucitue BARett	PRES.	ionaa statu	1(69.			1/191	67	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	TE: Registered	Apent i	signature regulre	d when reinstating)	DATE	7/	
12,		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TOTLE	P	☐ DELETE	1.1 TITL	Lŧ				Change	Addition
NAME	ARETTI, LUCILLE 1.2		1.2 NAS	ME					
STREET ADDRESS	3947-35TH WAY, S.#132	. 1.		1.3 STREET ADDRESS					
CITY-ST-ZIP	ST.PETERSBURG FL		1.4 DfT	Y-ST-Z	ZIP				
TITLE	S	☐ DELETÉ	2 1 TIT	LE				Change	Addition
NAME	BARETTI, GEORGE		22 NA)	ME		i de la companya de			
STREET ADDRESS	3947-35TH WAY, S. #132			2.3 STREET ADDRESS					
CITY-ST-ZIP	ST.PETERSBURG FL		2 4 CiT	2 4 CiTY-ST-ZIP					
TITLE	T	☐ DELETE	3 1 TITI	LE				Change	Addition
NAME	WILSON, ROBERT L.		3.2 NA	ME	1				
STREET ADDRESS	3947-35TH WAY, S.#132		3.3 STR	REET AC	ORESS				
CITY - \$1 - ZIP	ST.PETERSBURG FL		3.4. CIT	IY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITL	LE				Change	Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STF	REET AC	ORESS				
-CITY - \$1 - ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REET AD	OORESS				
CITY - ST - ZIP			5.4 CIT	Y-ST-	ŽIP			··	
TITLE		☐ DELETE	6.1 TITI	LE				Change	Addition
NAME			6.2 NA	ME					
	i		4 5 677						

14. I do hereby certify that the information supplied with this filling 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:

CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

West Bate

Dautime Phone #

FILED

Feb 13 1997 8:00am

Secretary of State