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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K64079

 Corporation N 	IENT # K6407 BAYFRONT HOMES, INC.	9 (2)							
Principal Place o	f Business	Mailing Address				-	U 8301 D 9	i Bioli Dioli	93011 DIBIL 1881
3733 NE 163 S		3773 NE 163 ST NORTH MIAMI BEACH	•				3a. Date	of Lost D	
US		•••				3. Date Incorporated or Qualified 02/08/1989	L	5/01/19	
2. Principal Plac	e of Business	2a. Mailino Address				4. FEI Number			Applied For
	e or business	26				65-0097803			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
. Otale		City & State				6. Election Campaign Financing			May Be
City & State		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Count	try		8. This corporation has liability for		k under s	199.032
1	25	29	30			Florida Statutes L. I Yes 10. Name and Address of New F	□ No	annt -	
	9. Name and Address of Curren	it Registered Agent		31	Name	IV. Maille and Address of New ?	- Statology	- Bout	
						JD O. D. M. sehas in Not Assestal	yto)		
LIBOVITZ, PAUL A. 3773 NE 163 ST			[8	82	Street Addre	ass (P.O. Box Number is Not Acceptal	,		
NORTH MIAMI BEACH FL 33160			Ţ	В3					
NORIII	AININI DENOTITE COTOC			B4	City			85 Z	p Code
					•	ation submits this statement for the pu	<u>FL</u>	<u> </u>	
SIGNATURES	ligrature, typed or printed name of registered agen OFFICERS AN	Tand tile if applicable. (N ID DIRECTORS	OTE Registered A	gent	t signature required	f when reinstaling) ADDITIONS/CHANGES TO OF			
IIILE	٧D	☐ DELETE	1. 1 111	LE				Chançe	Addition
NAME	LIBOVITZ, PAUL A.	4466 SHERIDAN AVENUE		1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST - ZIP					
STREET ADDRESS									
C(1Y - ST - ZIP	MIAMI BEACH FL	☐ DELETE		2 1 TITLE				Change	Add-tion
TITLE NAME	PD Greenberg, Jon		2.2 NA						
STREET ADDRESS	3301 NO. COUNTRY DR.		2 3 STF	REET	ADDRESS				
CITY-SI-ZIP	NO. MIAMI BEACH FL		2.4 CIT	2.4 DITY-ST-ZIP				Character	CT Addition
TITLE		DELETE		3 1 THILE			l.	☐ Change	Addition Addition
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NAME		_	4.2 NA		}				
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NAME			5 2 NA		I ADDOCCO				
STREET ADDRESS					ADDRESS				
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NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REET	T ADDRESS				
			6.4 CI	TY-S	ST-21P		0.0000000		alon I finalism
14. I do hereb	y certify that the information supplied	I with this filing is voluntarily fundal report or supplemental a	urnished and nnual report i	doe s tri	es not qualify ue and accur	for the exemption stated in Section 11 ate and that my signature shall have the	e.u7(3)(k), Fl e same lega	orida Stati Leffect as	if made under
anth, that	I am an officer or director of the corp Block 12 or Block 13 if changed, or	Soration of the receiver of trus	ilea embowe	red	to execute th	is report as required by Chapter 607,	Horida Statu	tes; and t	riat my name

SIGNATURE: /

Jun Greenberg President 4/26/96