

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 2996 13-960 - C

DOCUMENT # **L24917 (1)**

1. Corporation Name
BLUE-BAY PROPERTIES, INC.



Principal Place of Business
**600 MANATEE AVENUE
UNIT 122
HOLMES BEACH FL 34217**

Mailing Address
**600 MANATEE AVENUE
UNIT 122
HOLMES BEACH FL 34217
US**

3. Date incorporated or Qualified **10/24/1989** 3a. Date of Last Report **03/07/1995**

4. FEI Number **65-0168739** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRNES, IRENE D.
600 MANATEE AVENUE
UNIT #122
HOLMES BEACH FL 34217**

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, 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 _____ DATE _____
Signature typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BYRNES, WILLIAM	
STREET ADDRESS	195 PAULANNA AVENUE	
CITY-ST-ZIP	BAYPORT NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAHN, RICHARD	
STREET ADDRESS	48 WILSON STREET	
CITY-ST-ZIP	BLUEPOINT NY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BYRNES, RICHARD K.	
STREET ADDRESS	11 WESLEY COURT NORTH	
CITY-ST-ZIP	HUNTINGTON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *W.G. BYRNES* 2/5/96 (516) 472-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)