

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L27289 (2)**

1. Corporation Name
BAY MABLE REALTY CORP.



Principal Place of Business: **915 MIDDLE RIVER DRIVE SUITE 420 FORT LAUDERDALE FL 33304**
Mailing Address: **915 MIDDLE RIVER DRIVE SUITE 420 FORT LAUDERDALE FL 33304**

21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing		7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes		8. Applied For		9. Additional Fee Required	
1400 N.E. 4th COURT		1400 N.E. 4th COURT		11/03/1989		03/08/1995		65-0171512		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Not Applicable		\$8.75	
Suite, Apt. #, etc. APT 5		Suite, Apt. #, etc. APT 5		Trust Fund Contribution <input type="checkbox"/>		May Be Added to Fees \$5.00		City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		Zip 33301		Country BROWARD		Zip 33301		Country BROWARD	
City & State		City & State		City & State		City & State		City & State		City & State		City & State		City & State		City & State		City & State	

9. Name and Address of Current Registered Agent
**SMITH, ARTHUR B.
915 MIDDLE RIVER DRIVE SUITE 420
FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81	Name	SMITH, ARTHUR B.
82	Street Address (P.O. Box Number is Not Acceptable)	1400 N.E. 4th COURT, APT 5
83	City	FT. LAUDERDALE
84	State	FL
85	Zip Code	33301

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 type the printed name of registered agent and check applicable (Initials Registered Agent signature required when not filing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, GARY W.	1.2 NAME	
STREET ADDRESS	3085 S.W. 45TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33312	1.4 CITY - ST - ZIP	
TITLE	TSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ARTHUR B	2.2 NAME	
STREET ADDRESS	2324 N.E. 20TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILTON MANORS FL 33304	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: **Arthur B. Smith** TREASURER
ARTHUR B. SMITH

954-767-6493

CR2E034 (3/96)