

**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	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30	30a
Principal Place of Business		Mailing Address		City & State		City & State		City & State		City & State		City & State		City & State		City & State		City & State	
1400 N.E. 4th COURT		1400 N.E. 4th COURT		FT LAUDERDALE, FL		FT LAUDERDALE, FL		FT LAUDERDALE, FL		FT LAUDERDALE, FL		FT LAUDERDALE, FL		FT LAUDERDALE, FL		FT LAUDERDALE, FL		FT LAUDERDALE, FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Zip		Zip		Country		Country		Country		Country		Country		Country	
APT 5		APT 5		33301		33301		BROWARD		BROWARD		BROWARD		BROWARD		BROWARD		BROWARD	

3. Date Incorporated or Qualified	3a. Date of Last Report
11/03/1989	03/08/1995
4. FEI Number	Applied For
65-0171512	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	DUNN, GARY W.		
STREET ADDRESS	3085 S.W. 45TH STREET		
CITY - ST - ZIP	FORT LAUDERDALE FL 33312		
TITLE	TSD		
NAME	SMITH, ARTHUR B		
STREET ADDRESS	2324 N.E. 20TH AVE.		
CITY - ST - ZIP	WILTON MANORS FL 33304		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR B. SMITH

954-767-6493

CR2E034 (3/96)