

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90251 024 ***300.00

101 50333

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L27289**

1. Corporation Name
BAY MABLE REALTY CORP.



Principal Place of Business
1400 NE 4TH CT
APT 5
FT LAUDERDALE FL 33301
US

Mailing Address
1400 NE 4TH CT
APT 5
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
915 MIDDLE RIVER DRIVE
 Suite, Apt. #, etc.
420
 City & State
FT. LAUDERDALE FL
 Zip
33304 Country
FL

2a. Mailing Address
915 MIDDLE RIVER DRIVE
 Suite, Apt. #, etc.
420
 City & State
FT. LAUDERDALE FL
 Zip
33304 Country
FL

3. Date Incorporated or Qualified
11/03/1989

4. FEI Number
65-0171512

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SMITH, ARTHUR B.
1400 NE 4TH CT
APT 5
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
 81 Name
ARTHUR B. SMITH
 82 Street Address (P.O. Box Number is Not Acceptable)
915 MIDDLE RIVER DRIVE, 420
 83
 84 City
FT. LAUDERDALE FL 85 Zip Code
33304

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 *Arthur B. Smith* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, GARY W.	
STREET ADDRESS	3065 S.W. 45TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ARTHUR B	
STREET ADDRESS	2324 N.E. 20TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL 33304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUNN, GARY	
1.3 STREET ADDRESS	917 N.E. 17TH TERRACE	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
2.1 TITLE	T.S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARTHUR B SMITH	
2.3 STREET ADDRESS	915 MIDDLE RIVER DRIVE, 420	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Arthur B. Smith* 1/30/99 954-564-8844
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)