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

PROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director appears in Block 120

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 24 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32260

(6)

CORAL BAY MANAGEMENT, INC.

				•					
Principal Place	of Business	Mailing Add	dress			THE PROPERTY OF A COLOR STATE OF STATE	l dibli gibil əidii b	HOU DEBEL DIE	/II
% THOMAS M. 2556 UNIVERSIT CORAL SPRING	TY DR.	2556 UNIVER	% Thomas M. O'Brien 2556 University Dr. Coral Springs FL 33065-5126						
						3. Date incorporated or Qualified 3a. Date of Last Report 03/05/1996			xort
2. Principal Pi	ace of Business	2a. Mailing	Address			4, FEI Number 65-0158384			lied For Applicable
Suite, Apt a	#, etc	ı	Suite, Apt. #, etc.			Certificate of Status Desired Section			
City & State)	City & S	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Count	у	8. This corporation has liability for	r intangible tax	under s. 1	
24	25	29		30			Yes N		
	g, Name and Address of Curr	ent Hegistered Ag	ent	8	Name	10. Name and Address of New R	egistered Age	nt	 -
	RIEN, THOMAS M. UNIVERSITY DR.					dress (P.O. Box Number is Not Acceptable)			
COR	AL SPRINGS FL 33065				3				
				8-	City		FL	5 Zip Co	ode
44 Purcupat t	a the programs of Sections 607.0	502 and 607 1508	Elorida Statute	os the abov	(e.named corr	poration submits this statement for the		anging ite	registered
office or re	egistered agent, or both, in the Sta in familiar with, and accept the ob-	te of Florida, Such	change was a	uthorized k	y the corporal	tion's board of directors. I hereby acco	opt the appointr	ment as re	egistered :
SIGNATURE	Stignature, typed or perited name of registered	igent and title it applicable	(NOT	:: Registered A	gen) signature requi	red when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND DIF	RECTORS	IN 12
TITLE	D		DELETE	1.1 TITLE				Change	Addition
NAME	O'BRIEN, THOMAS M.			1.2 NAM8	:				
STREET ADDRESS	2556 UNIVERSITY DR.			1.3 STRE	T ADDRESS				
CITY+ST+ZIF	CORAL SPRINGS FL			1.4 CITY					
TITLE		L	DELETE	2.1 TITLE			LJ	Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STRE	T ADDRESS				
CITY-ST-ZIP				2. 4 CITY			+		
TITLE		Ĺ	DELETE	3.1 TITLE			L	Change	Addition
NAME				3.2 NAMI					
STREET ADDRESS				3.3 STRE	T ADDRESS				
C TY - ST - ZIP			DELETE	3.4. CITY			···	Change	Addition
TITLE		1	ש מבנינונ	4.1 TITLE	ŀ		لسا	Citalige	Aguitibii
NAME				4, 2 NAM					
STREET ADDRESS				4	T ADDRESS				
CITY-ST-7IP TITLE			DELETE	4,4 CITY 5.1 TITLE			····	Change	Addition
NAME				5.2 NAMI	1		-	Stiongo	
					T ADDRESS				
STREET ADDRESS									
CITY+ST+ZIP TITLE			DELETE	5 4 CITY 6 1 TITLE				Change	Addition
NAME				62 NAMI	1		_		
STREET ADDRESS					ET ADDRESS				1
CITY-ST-7IP				6.4 CITY	1				
14. 1 do hereb	by certify that the information supp	lied with this filing o	ioes not quali	v for the ex	emption state	d in Section 119.07(3)(i), Florida Statu	les. I further ce	rtify that th	30
informatio I am an of	n indicated on this actival report of ficer or director of the corporation	r supplemental and or the receiver or t	iua! report is t rustee empo	rue and accered to exe	curate and that ocute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	jal effect as if n Statutes; and t	nade unde hat my na	∍r oath; that ime