

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # L73219
1. Corporation Name
BAYSIDE BREEZE, INC.

Principal Place of Business	Mailing Address
7142 E. FOWLER AVE TAMPA, FL 33617	7142 E. FOWLER AVE. TAMPA, FL 33617

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5-16-90	4-12-97
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0202153	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIRDOUS-ALI GOWANI
17102 CARRINGTON PK DR.
APT # 331
TAMPA, FL 33647

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Firdousali Gowani* DATE: 4-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	GOWANI, FIRDOUS-ALI		
STREET ADDRESS	17102 CARRINGTON PK DR, #331	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	22 NAME
STD	GOWANI, NADIA F.		
STREET ADDRESS	17102 CARRINGTON PK DR, #331	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Firdousali Gowani* 4-28-97 (813) 985-5357

CR2E034 (9/96)