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

Profit Corporation Annual Report

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

'Feb 11 1997 8:00am

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Secretary of State

3818600

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M53050

(4)

BAYVIEW MANAGEMENT, INC.

D. C. L. D.	- PS							
Principal Place of Business Mailing Address					s anniams and misme state moist acted mast	Adam omkandki bibli bibli 4	IRIL MIRIN IAMI	
% ROBERT J. ALWINE % ROBERT J. ALWINE								
MIAMI FL 331	IAYSHORE DRIVE. BOX 8	801 SOUTH BAYSHORE D MIAMI FL 33131-2952	DRIVE. BOX	(8)				
MINIMI I E 971	<b>3</b> 1	MINIMI FE 90101-2002				3. Date Incorporated or Qualified	3a. Date of Las	t Report
						06/02/1987	02/08/199	
2. Principal F	Place of Business	2a. Mailing Address			····	4. FEI Number		Applied For
21		26				59-2816003	<del></del>	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			******	,	60.7	5 Additional
22		27	27			6. Certificate of Status Desired Fee Required		
City & Stal	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry	***************************************	8. This corporation has liability for in		
		29				Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	jistered Agent	
ALV	vine, robert J.		ĺ	61	Name			
801	SOUTH BAYSHORE DRIVE		ŀ	82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
BO	X 8		Į	$\Box$				•
MiA	MI FL 33131			83				
			-	84				
				04	City		FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Statut	es, the ab	ove	-named corp	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changin	g its registered
agent 1	registered agent, or boin, in the state im familiar with, and accept the oblig	e of Fioricia. Such change was r rations of, Section 607.0505, Fi	autnorized orida Statu	utes.	the corporat	tion's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE								
	Signature typing or printed harne of registered ag		E Registerep	Agen	il signature requir	red when reinstating)	DATE	
12.	7	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TOTLE	D	DELETE	1.1 717	LE			Chang	ge Addition
NAME	ALWINE, ROBERT J.		1.2 NA	ME				
STRELL ADDRESS	801 SOUTH BAYSHORE DRIV	E	1.3 \$TF	REET A	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST	- ZIP			
THE		☐ DELETE	2.1 717	2.1 TITLE			Chang	ge 🔲 Addition
NAME			2.2 NAI	2.2 NAME				
STREET ADDRESS			2.3 STREET ADORES:		ADORESS			
CITY-SI-7P			2.4 CI	2.4 CITY - ST - ZIP				
TITLE		L DELETE	3 1 TIT	LE			Chang	ge 🔲 Addition
NAME			3 2 NAI	ME	İ	•		
STREET ADDRESS			3.3 STF	REET A	ADDRESS			
CITY-SI-7IP			34. Ci	IY-ST	( - ZIP			
TITLE		☐ DELETE	4 1 111	LE	1		Chang	je 🔲 Addition
NAME			4 2 NA	ME				
STREET ADDRESS			4 3 STF	REET A	ADDRESS			
CITY - ST - 7IP		··· ··· · · · · · · · · · · · · · · ·	44 CIT	Y-ST	- 219			
TITLE		☐ DELETE	5 1 TITI	LF			Chang	e 🔲 Addition
NAME			52 NAI	ME				
STREET ADORESS			5 3 STF	IEET A	ADDRESS			ļ
City-St-7ip			5.4 CIT	Y-ST	-ZiP			l
TITLE		DELETE	6.1 TIT	LE			Chang	e Addition
NAME			6.2 NAI	ME				1
STREET ADDRESS			6.3 STF	HEET A	ADDRESS			
CITY OF RO								

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR