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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M53050 1. Corporation Name

BAYVIEW MANAGEMENT, INC.

Principal Place of Business

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90141 016 ***150.00



% Robert J. 801 South B Miami Fl 331	AYSHORE DRIVE. BOX 8	% Robert J. Alwine 801 South Bayshore D Miami Fl 33131	rive. Box	8		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
2. Principal I	Place of Business	2a. Mailing Address				06/02/1987			
21		<u> </u>	26			4. FEI Number		Applied For	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			59-2816003		Not Applicable	a
22 City & Sta	to	27	27			5. Certifcate of Status Desired		Additional Required	
- , '	ile	City & State	⊢ ¬ '			6. Election Campaign Financing		0 May Be	一
23 Zip		28				Trust Fund Contribution Added to Fees			
24				try		8. This corporation owes the current year Inta			\dashv
24 25 29 9. Name and Address of Current Registered Agent						Personal Property Tax. Yes No			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered A	gent		┪
ALWINE, ROBERT J.				B1	Name			"	7
801 SOUTH BAYSHORE DRIVE			ļ.	82	Street Add	Iress (P.O. Box Number is Not Acceptable)			-
BOX 8			18	33		· · · · · · · · · · · · · · · · · · ·			-[
MIAMI FL 33131									ļ
11 Durana	A-41-			- 1	City	FL		Code	7
office or r agent. I a	registered agent, or both, in the Stat m familiar with, and accept the oblig	502 and 607.1508, Florida Statute e of Florida. Such change was au gations of, Section 607.0505, Flori	es, the about horized b ida Statute	ove- by thes.	named corp re corporati	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	nanging its ment as r	s registered egistered	1
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Ac	nent s	Signature require	ed when reinstating) DATE			ļ
12.	OFFICERS AND DIRECTORS			yanı a	Agriature require				_
TITLE	D DELETE		13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND			-∤ '
NAME	ALWINE, ROBERT J.					,	Change	☐ Addition	Ί.
STREET ADDRESS 801 SOUTH BAYSHORE DRIVE			1.2 NAME 1.3 STREET ADDRESS						
TY-ST-ZIP MIAMI FL			1.4 CITY-ST-ZIP						Ιį
TITLE	☐ DELETE			51-2	<u> </u>				_
NAME	J				ĺ	ı	Change	☐ Addition	. J. '
STREET ADDRESS			2.2 NAME	2.3 STREET ADDRESS					
CITY-ST-ZIP				l			•		ļ
TILE		☐ DELETE	2. 4 CITY- 3.1 TITLE	ST-Z	ZIP				
IAME	- Dettil						Change	☐ Addition	1
TREET ADDRESS			3.2 NAME				*:=		-
OTY-ST-ZIP			3.3 STREE				·		
TLE	☐ DELETE			ST-Z	(IP]
IAME		□ occeic	4.1 TITLE			C	Change	Addition]
TREET ADDRESS			4. 2 NAME						
TY-ST-ZIP			4.3 STREE						ļ
TLE		☐ DELETE	4.4 CITY-5	ST-ZI	Р				
AME			5.1 TITLE			SHEEDS OF HOSPITAL PROPERTY.	Change	Addition	
TREET ADDRESS			5.2 NAME			1	1		ĺ
TY-ST-ZIP			5.3 STREE				法資源	現場(学・)	
TLE		(DELETE	5.4 CITY-S	T-ZII	<u> </u>			.	l
ME .		☐ DELETE	6.1 TITLE		1] Change	☐ Addition	
		i	6.2 NAME						l
REET ADDRESS			6.3 STREE	TADE	DRESS				l
TY-ST-ZIP	4.6. AL -1.46 - 1.6		6.4 CITY-S	T-ZIF	3			,	ı

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 efficiency 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:

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