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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M57422

(1)

Mailing Address

BAYSIDE PLAZA, INC.

Principal Place of Business

FILED	
Jan 26 1998 8:0	0am
Secretary of S	tate



C/O W. ALLEN MORRIS 1000 BRICKELL AVE #1200 MIAMI FL 33131				C/O W. ALLEN MORRIS 1000 BRICKELL AVE., #1200 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1987		
2. Principal P	lace of Busi	ness		2a.	Mailing Address					4. FEI Number Applied For		
21			26						65-0048964 Not Applicable			
Sulte, Apt. #, etc.			Suite, Apt. #, etc.						SR 75 Additional			
22			27						5. Certificate of Status Desired Fee Required			
City & State			City & State						B. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	_		Country				Countr	у		8. This corporation owes or has paid the current year Intangible		
24		25		29 30						Personal Property Tax due June 30. Yes No		
	9. Name	and	Address of Current	Regist	tered Agent					10. Name and Address of New Registered Agent		
MO	ORRIS, W.	ALLE	N				81	l Na	me			
1000 BRICKELL AVE. #1200 MIAMI FL 33131						62	Str	eet Ado	set Address (P.O. Box Number is Not Acceptable)			
1911/	-UNII 1 L 00	101					83	3				
							L	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
							84	Cit	y	FL 85 Zip Code		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE												
12.			OFFICERS AND			_	3.		· ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP		. .		DELETE	~	1 TITLE			☐ Change ☐ Addition		
NAME	MORRIS	S, W.	ALLEN			13	2 NAME			_ • _		
STREET ADDRESS	1000 BI	RICK	ELL AVE. #1200			1.1	3 STREE	T ADDRE	ss			
CITY-ST-ZIP	MIAMI F	Ł				1,4	4 CtTY - S	ST-ZIP				
TITLE	DC				DELETE	_	1 TITLE			☐ Change ☐ Addition		
NAMÉ	MORRIS	3, L.	ALLEN			2.2	2 NAME					
STREET ADDRESS	1000 BI	rick	ELL AVE. #1200			2.3	3 STREE	1 ADDRE	ss			
CITY-ST-ZIP	MIAMI F	EL.				2.	4 CITY -	ST-ZIP	İ			
TITLE	TSD	•			DELETE	3.	1 TITLE		1	☐ Change ☐ Addition		
NAME	Davis,					3.2	2 NAME					
STREET ADDRESS	1000 BI	RICK	ELL AVE. #300			3.3	3 STREET	T AODRE	ss			
CITY-ST-ZIP	MIAMI F	L				3.4	4. CITY-	ST-ZIP				
TITLE -	Ψ-				☐ DELETE	4.1	1 TITLE			☐ Change ☐ Addition		
NAME	TAYLOR					4.	2 NAME					
STREET ADDRESS			ELL AVE. #300		•	4.3	3 STREET	T ADDRE	ss			
CITY-ST-ZIP	MIAMI F	·L				4.4	4 CITY - 5	ST-ZIP				
TITLE					L_ DELETE	5.1	1 TITLE		-	Change Addition		
NAME						5.2	2 NAME					
STREET ADDRESS						5.3	3 STREET	ADDRE	ss			
CITY-ST-ZIP	-					_	CITY-S	ST - ZIP				
TITLE					☐ DELETE	61	! TITLE		ĺ	☐ Change ☐ Addition		
NAME						62	NAME					
STREET ADDRESS						6.3	STREET	ADDRE	ss			
CITY-ST-ZIP	antifu the exten	a i=4		TALK TO		6.4	CITY - S	ST - ZIP				
indicated of officer or d Block 12 o	or this annu on this annu director of th or Block 13 i	al rep e cor f cha	or or supplied will bor or supplemental poration or the recein nged or or an area.	i inis iili annual ver or tr iment w	ing does not qualify to report is true and acc uslee empoyered to jith an address.	or the ecurate a execution	exemp and the ethis	ition s at my report	taled in signatu I as req	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in		