Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90232 034 ***150.00

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 # M68153

1. Corporation Name

STREET ADDRESS

1.60000 1.6000 1.6

BAY VEN	ITURE CONCEPTS INC							
Principal Place	of Business	Mailing Address			T HANDONET THE DISPET TENDS ATTENDED THE BEST	1) B10)) O10(1 B10)) O	IMIL AFAST LAMI	
% PETER W. ZEDALIZ 4531 FLORAMAR TERRACE NEW PORT RICHEY FL 34652 % PETER W. ZEDALIZ 4531 FLORAMAR TERRACE NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652					DO NOT WRITE IN TH	IIS SPACE	 }	
1					02/08/1988			
Principal Place of Business 2a. Mailing Address				· · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 1	plied For	
21 26				. 	NOT APPLICABLE		t Applicable :	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & State City & State			·		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Country	/	8. This corporation owes the current year	Intangible		
24	25 29 30			_	Personal Property Tax.	☐ Yes	□No	
•	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
750	I IO DETER IV		81	Name			.]	
ZEDALIS, PETER W. 4531 FLORAMAR TERR.			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
NEW PORT RICHEY FL 34652			83				_	
			84	City	F	85 Zip C	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) DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE	PD □ DELETE 1.1 TI		1.1 TITLE			☐ Change	☐ Addition	
NAME	ZEDALIS, PETER W. 1.2 N		1.2 NAME				}	
STREET ADDRESS	ss 4531 FLORAMAR TERR. 1.38		1.3 STREE	TADDRESS			l	
CITY-\$T-ZIP	NEW PT RICHEY FL		1.4 CITY-ST-ZIP					
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TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME				1	
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NAME			5.2 NAME				ļ	
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CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			C Addition	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	

CITY-ST-ZIP 14. 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 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, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP