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04/03/7

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M95989

1. Corporation Name

BAY SHORE FINANCIAL SERVICES, INC.



Principal Place of Business

C/O SAMUEL J. SARTINO
 2945 BEE RIDGE RD.
 SARASOTA FL 34239

Mailing Address

C/O SAMUEL J. SARTINO
 2945 BEE RIDGE RD.
 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1988

4. FEI Number
65-0060000

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **2945 Bee Ridge Rd.**

2a. Mailing Address

26 **2945 Bee Ridge Rd.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

SARASOTA, FL.

28 City & State

SARASOTA, FL.

24 Zip

34239

25 Country

US

29 Zip

34239

30 Country

US

9. Name and Address of Current Registered Agent

SARTINO, SAMUEL J.
2945 BEE RIDGE RD.
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD SARTINO, SAMUEL J.**
 STREET ADDRESS **2945 BEE RIDGE RD.**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE DELETE
 NAME **D THEIS, JOHN R.**
 STREET ADDRESS **2651 MAPLELOFT LANE**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE DELETE
 NAME **VD SARTINO, S CHAPPIE**
 STREET ADDRESS **2502 N CLARK STREET**
 CITY-ST-ZIP **CHICAGO IL 60614**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME **SECRETARY / TREASURER**
 4.3 STREET ADDRESS **OLIZZARD, NICOLE S.**
 4.4 CITY-ST-ZIP **2512 ARAPAHO ST. SARASOTA, FL. 34231**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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: **Samuel J. Sartino** REQUIRED

11/12/99

941-923-0703

CR2E034 (1/98)