FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002276 (4)**

1. Corporation Name

9960 WEST BAY HARBOR CORP.

Principal Place of Business	Mailing Address
9960 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154	9960 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1962
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-1008085 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

VOSS, ANNETTE M
9960 W BAY HARBOR DR
APT. 3
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

31 Name: John Hickey
32 Street Address (P.O. Box Number is Not Acceptable): 9960 W. Bay Harbor Dr Unit 2
33
34 City: Bay Harbor FL 35 Zip Code: 33154

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] 5/2/95
Signature, type 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 DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	CARNEY, EDWARD	12 NAME	
STREET ADDRESS	88 KENNETH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	STD ☐ Change ☐ Addition
NAME	VOSS, ANNETTE	22 NAME	John Hickey
STREET ADDRESS	5100 SW 167TH AVE	23 STREET ADDRESS	9960 W. Bay Harbor Dr
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	Bay Harbor Fl 33154
TITLE	STD	31 TITLE	[illegible] ☐ Change ☐ Addition
NAME	VOSS, ROBERT	32 NAME	?
STREET ADDRESS	5100 SW 167TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	VD ☑ Change ☐ Addition
NAME	MARASCIO, PATRICIA	42 NAME	Manual RAYO
STREET ADDRESS	20 NINA WAY	43 STREET ADDRESS	9960 W. Bay Harbor Dr
CITY-ST-ZIP	MIDDLETOWN NJ	44 CITY-ST-ZIP	Bay Harbor Fl 33154
TITLE	VD	51 TITLE	VD ☑ Change ☐ Addition
NAME	TEICHMANN, DOROTHY	52 NAME	Beverly Citron
STREET ADDRESS	52 WEST END AVE	53 STREET ADDRESS	9960 W. Bay Harbor Dr
CITY-ST-ZIP	MIDDLETOWN NJ	54 CITY-ST-ZIP	Bay Harbor Fl 33154
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	TEICHMANN, DONALD	62 NAME	
STREET ADDRESS	52 WEST END AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/2/95 (305) 865-8505
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000384