


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90020 032 ***150.00

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| DOCUMENT # P01000064389 |  |
| 1. Entity Name 1802 BAY DRIVE, INC. | |

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| Principal Place of Business 3299 NW BOCA RATON BLVD. BOCA RATON FL 33431 | Mailing Address PO BOX 811135 BOCA RATON FL 33481 |
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| 2. Principal Place of Business 7999 N. Federal Hwy P.O. Box 811135 | 3. Mailing Address P.O. Box 811135 |
| Suite, Apt. #, etc. Suite 202 | Suite, Apt. #, etc. |

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|---------------------------------------|---------------------------------------|
| City & State Boca Raton, FL | City & State Boca Raton, FL |
| Zip 33487 | Zip 33481 |
| Country USA | Country U.S.A |



MOORE CR2E034 (11/03)

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| 4. FEI Number 65-1118337 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RUSTINE, DAVID A 3299 NW BOCA RATON BLVD. BOCA RATON FL 33431 | 7. Name and Address of New Registered Agent Name Rustine, David A. Street Address (P.O. Box Number is Not Acceptable) 7999 N. Federal Hwy Suite 202 City Boca Raton FL Zip Code 33487 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David A. Rustine** DATE **4/1/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE PS | <input type="checkbox"/> Delete | TITLE PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RUSTINE, DAVID A | | NAME Rustine, David A. | |
| STREET ADDRESS 3299 BOCA RATON BLVD. | | STREET ADDRESS 7999 N. Federal Hwy, #202 | |
| CITY-ST-ZIP BOCA RATON FL 33431 | | CITY-ST-ZIP Boca Raton, FL 33487 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David A. Rustine** DATE **4/1/04** DAYTIME PHONE # **561-997-8000**
Signature and typed or printed name of signing officer or director