

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P39149

(0)

1. Corporation Name

BAY FINANCIAL CORPORATION



Principal Place of Business

C/O ZELLER REAL ESTATE GROUP  
501-BRICKELL KEY DR. 504  
MIAMI FL 33131

US 4000 Hollywood Blvd #265-08

Hollywood FL 33021

Mailing Address

C/O ZELLER REAL ESTATE GROUP  
501 BRICKELL KEY DR. 504  
MIAMI FL 33131-2624

2. Principal Place of Business

21 4000 Hollywood Blvd #265-08

Suite, Apt. #, etc.

22 #265-South

City & State

23 Hollywood, FL

Zip

24 33021

Country

25 USA

2a. Mailing Address

26 4000 Hollywood Blvd

Suite, Apt. #, etc.

27 265-South

City & State

28 Hollywood FL

Zip

29 33021

Country

30 USA

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

09/03/1996

4. FEI Number

04-2680897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ZELLER, MARTIN V.

% ZELLER REAL ESTATE GROUP INC

501-BRICKELL KEY DR. 504

MIAMI FL 33131

4000 Hollywood Blvd

# 265-South

Hollywood FL 33021

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 of current registered agent required when reinstating)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ZELLER, MARTIN V. DELETE

NAME %501-BRICKELL KEY DRIVE 4000 Hollywood Blvd

STREET ADDRESS MIAMI FL #265-South

CITY-STATE-ZIP HOLLYWOOD FL 33021

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-STATE-ZIP DELETE

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-STATE-ZIP DELETE

TITLE DELETE

NAME DELETE

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TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-STATE-ZIP DELETE

TITLE DELETE

NAME DELETE

STREET ADDRESS DELETE

CITY-STATE-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY-STATE-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-STATE-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-STATE-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-STATE-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-STATE-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-STATE-ZIP Change Addition

14. I do 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 officer or trustee empowered to prepare 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)