

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

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Apr 28 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 # P92000009321 (0)

1. Corporation Name
BAYSHORE COLLECTIONS, INC.

Principal Place of Business
P.O. BOX 3277
TAMPA FL 33601-3277

Mailing Address
P.O. BOX 3277
TAMPA FL 33601-3277



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1992		3a. Date of Last Report 05/17/1996	
21 1715 West Cleveland Street		26 Suite, Apt. #, etc.		4. FEI Number 65-0404642		Applied For Not Applicable	
22 City & State Tampa, Florida		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33606		28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33606		25 Country USA		29 Zip 33606		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANGFORD, E.C. 1715 WEST CLEVELAND STREET TAMPA FL 33606				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	LANGFORD, E.C.			1.2 NAME			
STREET ADDRESS	1715 W CLEVELAND ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa, Florida 33606		
TITLE	D	DELETE		2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
NAME	HILL, EDWARD A			2.2 NAME			
STREET ADDRESS	1715 W CLEVELAND ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa, Florida 33606		
TITLE		DELETE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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

SIGNATURE:

E.C. Langford
E.C. Langford

4/21/97

813-259-9843

CR2E034 (9/96)