

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000000433 (1)

1. Corporation Name

BAYSHORE DRIVE PROPERTIES, INC.



Principal Place of Business

4820 BAYSHORE DRIVE
SUITE D
NAPLES FL 33962

Mailing Address

4820 BAYSHORE DRIVE
SUITE D
NAPLES FL 33962

3. Date Incorporated or Qualified
01/01/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0376969

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMINSKI, MICHAEL J
4820 BAYSHORE DRIVE
SUITE D
NAPLES FL 33962

81 Name

Bette Byouk

82

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

4820 Bayshore Drive

83

Suite D

84

City

Naples

FL

85

Zip Code
33962

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

Bette Byouk

Bette Byouk

4-25-96

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

81

NAME

TITLE
NAME

D

☐ DELETE

LENNANE, JAMES P

STREET ADDRESS
CITY-ST-ZIP

4820 BAYSHORE DRIVE, SUITE D
NAPLES FL 33962

TITLE
NAME

V

☒ DELETE

KASPER, PAUL E.

STREET ADDRESS
CITY-ST-ZIP

4820 BAYSHORE DR STE D
NAPLES FL

TITLE
NAME

VS

☒ DELETE

HUMINSKI, MICHAEL J.

STREET ADDRESS
CITY-ST-ZIP

524 AUGUSTA BLVD C103
NAPLES FL

TITLE
NAME

T

☐ DELETE

BYOUK, BETTE M.

STREET ADDRESS
CITY-ST-ZIP

7032 PELICAN BAY BLVD 104
NAPLES FL

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), 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:

Bette Byouk

Bette Byouk Treasurer

4/25/96

(941) 732-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)