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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000008398

Corporation Name

BAYSHORE CONSTRUCTION GROUP, INC.

Principal Place	of Business	Mailing	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
12230 ORANGE	BLVD	12230 (12230 ORANGE BLVD								
WEST PALM BEACH FL 33412			WEST PALM BEACH FL 33412				DO NOT WRITE IN THE SPACE				
US		US	US				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 02/03/1993				
2. Principal Pl	ace of Business	2a. Ma	iling Address				4, FEI Number		<u> </u>	pplied For	
21		26					65-0385568			ot Applicable	
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				5. Certifcate of Status Desired	18	*	Additional	
22		27	27				3, Certificate of Ottatas Besilies		Fee R	equired	
City & State	9	Cit	City & State				6. Election Campaign Financing	п		May Be	
23		28	28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		Coun	itry		8. This corporation owes the curre	nt year Inta		_	
24	25	29		30			Personal Property Tax.		Yes	□No	
<u></u> 1	9. Name and Address of Curre	nt Registere	d Agent				10. Name and Address of New R	egistered .	Agent		
		·		-	81	Name	*	•			
PEERS, DAVID H.				82 Street Addr			ss (P.O. Box Number is Not Accepta	ole)			
1223	0 ORANGE BLVD					Street Addre	iduless (F.O. DOX regimber is not neceptable)				
WES	T PALM BEACH FL 33412				83						
					_				or Zin	Code	
					84	City		FL	85 Zip	Code	
	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. S gations of, Sec	ction 607.0505, Flo	rida Statu	tes.	ne corporation	oration submits this statement for the n's board of directors. I hereby accep	DATE	ıımenı as n		
	Signature, typed or printed name of registered ag			13.	Agent a	signature required	ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12	
12.	OFFICERS AND DIRECTORS PSTV DELETE		1.1 TITI	F		ADDITIONO TO THE SECOND		Change			
TITLE				1.2 NA						ĺ	
NAME	PEERS, DAVID H.										
STREET ADDRESS					1.3 STREET ADORESS						
CITY-ST-ZIP	WEST PALM BEACH FL 3341	2		1.4 CIT		ZIP	<u></u>		☐ Change	Addition	
TITLE			☐ DELETE	2,1 TIT			•		C] onlings		
NAME				2.2 NA			· .			,	
STREET ADDRESS				2.3 STI	REETA	ADDRESS					
CITY-ST-ZIP				2.4 CI	TY-ST	-ZIP	<u></u>		- Chance	Addition	
TITLE			☐ DELETE	3.1 TIT					Change	□ vadinou :	
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 STI	REET	ADDRESS					
CITY-ST-ZIP				3.4. CF	TY-ST	-ZIP					
TITLE			☐ DELETE	4.1 TIT	LE		•		☐ Change	Addition	
NAME				4. 2 NA	ME					į	
STREET ADDRESS				4.3 ST	REET	ADDRESS		•			
CITY-ST-ZIP				4.4 CIT	Y-ST-	-ZIP		<u> </u>			
TITLE			☐ DELETE	5,1 TIT			-		: Change	Addition	
NAME				5.2 NA	ME	İ	*				
STREET ADDRESS				5.3 ST	REET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	٠		1 17- 18	
				5.4 CIT	ry-st-	- ZIP	·				
CITY-ST-ZIP			☐ DELETE	6.1 TIT			•	÷.	☐ Change	Addition	
INCE			_ '	6.2 NA	ME		•				

CITY-ST-ZIP 14. 1 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 of in stee 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90064 008 ***158.75