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

Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P93000008753 (4) **DOCUMENT #** BAYSIDE ENTERPRISES, INC. Mailing Address Principal Place of Business **3764 VICTORIA DR** PO BOX 18277 WEST PALM BEACH FL 33460 WEST PALM BEACH FL 33416 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0387435 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζίρ Country Zip This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOBSON, ROBERT J 3764 VICTORIA DRIVE Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33406** 83 City 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, typed or printed name of registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1 1 TITLE Change Addition DOBSON, ROBERT J NAME 1.2 NAME 3764 VICTORIA DR STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition ☐ Change 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 41 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

44. 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 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 13 if chapter 607 or on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

SIGNATURE: 🗸

TITLE

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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DELETE

DELETE

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561-967-0666

Change

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Addition

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