05-06-1999 90065 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P93000015366

1. Corporation Name

BAY HOME PROPERTIES CORP.

Principal Place of Business Mailing Address								T (84/1981 (16 16)68 (117) 68111 48114 RBIST BRITT 68141 15081 61148 15110 ANILE BEIT SEBT			
· -							ļ				
4165 BRENTWOOD PARK CIRCLE TAMPA FL 33624			4165 BRENTWOOD PARK CIRCLE TAMPA FL 33624								
US			US					DO NOT WRITE IN THIS SPACE			
							3	3. Date Incorporated or Qualifed			
							}	02/22/1993			
2. Principal Pl	ace of Business	2a.	Mailing Address				- 4	4. FEI Number	A	pplied For	
21			26					59-3228337		tot-Applicable-	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	+	Additional	
22			27				`	5. Certificate di Cicito Desire	Fee F	Required	
City & State			City & State				(6. Election Campaign Financing	\$5.00	May Be	
23			28					Trust Fund Contribution	Added	to Fees	
Zip	Country	igsqcup	Zip	co	ountry			8. This corporation owes the current year inta	_	~	
24	25	29		30					Yes	X No	
	9. Name and Address of Current	Regis	tered Agent		١			Name and Address of New Registered A	gent '	<u></u>	
					81	Name	,				
BURDGE, RICHARD M					82	Street Address (P.O. Box Number is Not Acceptable)					
4165 BRENTWOOD PARK CIRCLE											
TAM	PA FL 33624				83						
					84	City			85 Zip	Code	
	\mathcal{N}				04	City		FL	105 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statuti	es, the	above	-named	corporati	tion submits this statement for the purpose of o	hanging it	s registered	
office or re	egistered agent, or both, in the State of	of Floric	la. Such change was a Section 607 0505. Flo	uthorize rida Sta	ed by f stutes	he com	ooration's	board of directors. I hereby accept the appoin	tment as r	egistered	
	The familiar will, and accept the bondar	iona or,	366661 007.0300, F10	1100 010	Maios.			4/30/	ร ร		
SIGNATURE	Signature Whed or printed name of legistered agent	and title	f applicable. (NOTE	: Register	ed Agent	signature	required when	en reinstating) DATE	· /		
12.	OFFICERS ANI			13	١.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	V		☐ DELETE	1.1	TITLE				Change	Addition	
NAME	WAGSCHAL, ROLF			12	NAME		ļ			ļ	
STREET ADDRESS	BOX 3145 RFD N/A				STREET	ADDRESS	;				
CITY-ST-ZIP	LONG GROVE IL				1,4 CITY-ST-ZIP					ĺ	
TITLE	P		☐ DELETE	_	TITLE				Change	☐ Addition	
NAME						2.2 NAME				- \	
STREET ADDRESS						2.3 STREET ADDRESS					
					2,4 CITY-ST-ZIP					}	
CITY-ST-ZIP TITLE	TAMPA FL		☐ DELETE	_	TITLE	· <u>८॥</u>	1		Change	☐ Addition	
j	VI 1				3.2 NAME						
NAME	BURDGE, RICHARD M 4165 BRENTWOOD PARK CIRC	4 E				ADDRESS					
STREET ADDRESS		LE		1			ή				
CITY-ST-ZIP	TAMPA FL		☐ DELETE	_	CITY-ST	-212			Change	Addition	
TITLE			- OCC-10	1	NAME		Ì				
NAME							.			ŀ	
STREET ADDRESS						ADDRESS	'				
CITY-ST-ZIP			☐ DELETE	_	CITY-ST	- ZIP			Change	Addition	
TITLE					TITLE NAME				Change		
NAME						*DDDcoo	,				
STREET ADDRESS				1		ADDRESS	'				
CITY-ST-ZIP					CITY-ST	-ZIP	1		F16:		
TITLE			☐ DELETE		TITLE				☐ Change	Addition	
NAME				6.2	NAME		1				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

IG OFFICER OR DIRECTOR