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

PROFIT



	CORPORATION ANNUAL REPORT 1996	San Sec	dra B. Mortham cretary of State OF CORPORATIONS		
1. C	DCUMENT # P93(BAYVIEW BUILDERS, INC.	000017474 (6)		
				I MARIHAAN INA DARAA NINI DARIK AAN	
	pal Place of Business	Maling Address]
TAM	BRUSHY CREEK DRIVE PA FL 33625	5312 BRUSH CREEK Tampa Fl 33625 US	DRIVE		
9 Pri	ncipal Place of Business			 Date Incorporated or Qualified 03/02/1993 	3a. Date of Last Report 05/01/1995
21	ncipal Flace of Business	2a. Ma'ling Address		4. FEI Number	Applied For
	te, Apt. #, etc.	Suite, Apt #, etc.		59-3173367	Not Applicable
22 Crt	/ & State	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	- Oldio	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip 24	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25 9. Name and Address of Cu	rent Registered Agent	30	Florida Statutes 🔀 Yes	3
		The residence and the	81 Name	10. Name and Address of New F	Registered Agent
2	agan, Edwin B 709 rocky point Dr. Jite 102		<u> </u>	dress (P.O. Box Number is Not Acceptat	ole)
	MPA FL 33607		83		
			84 Crty		85 Zip Code
11. Pu or	rsuant to the provisions of Sections 607.0 registered agent, or both, in the State of Fulfillar with and accept the obligations of S	502 and 607.1508, Florida Statu	tes, the above named corpo	ration submits this statement for the our	
	and and accept the obligations of, S	Bection 607.0505, Florida Statute	zed by the corporation's boa s	and of directors. I hereby accept the appoint	ointment as registered agent. I am
SIGNA	FURE Signature, bysed or printed name of regionalis	gerital of the manuscraph	offEl Registered Agent signature require		
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	DATE
NAME	P SOLLAZZO, JOHN S	☐ DELET€	1 1 TITLE		Change Addition
STREET AL		VF	1.2 NAME		
CHY-ST-		7 L	1.3 STREET ADDRESS];
TITLE	VST	DELETE	2 1 TITLE		
NAME	SOLLAZZO, EUZABETH A	_	2 ? NAME		Change Addition
STREET AL	TO TO DITOUTH ONLERS DIST	VE	2.3 STREET ADDRESS		
TITLE	IMITA FL	DELETE	2.4.CITY - ST - ZrP		
NAME		[] ויננגונ	3 1 TITLE 3 2 NAME	-	Change Addition
STREET AD	URESS		3.3 STREET ADDRESS		
CITY-ST 2	iP		3.4 CiTy - St - Zip		
TITLE NAME		☐ DELETE	4 1 TITLE		Change Addition
street adi	NESS .		4.2 NAME		
Crty-St-Z			4.3 STREET ADDRESS		
TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		
NAME			5.2 NAME		☐ Change ☐ Addition
STREET ADE	1		5.3 STREET ADDRESS		
CITY - ST - ZI TITLE	Р		5.4 CiTy - ST - 7IP		
VAME		DECETE	6 1 TITLE		☐ Change ☐ Addition
STREET ADO	RESS		6.2 NAME		
HTY - ST - ZI			6.3 STREFT ADDRESS		
4. I do	hereby certify that the information supplied	Light this files is ush at all the	64 CITY-ST-ZIP		

I do hereby certly 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 certly 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sellaggo Elizabeth Sollarro 4/35/94 (813)960-8766
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR