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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000017474 (6)

BAYVIEW BUILDERS, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			E: 11911 18817 E1811 (8811 8181 4881
		ů.	_		
TAMPA FL 33	CREEK DRIVE	5312 BRUSHY CREEK D TAMPA FL 33625)R		
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/02/1993	
	ac e o f Business	2a. Mailing Address		4, FE(Number	Applied For
21		26		59-3173367	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zin	Country	Trust Fund Contribution	Added to Fees
24	— <u> </u>	Zip		8. This corporation owes or has paid the	
24]	25 25 Name and Address of Current	Pagistered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	
		giotolos / gorii	81 Name	10, Haine and Heares of New Hegist	DIOG Agoin
	SAN, EDWIN B		- Trains		
	9 ROCKY POINT DR.		82 Street Ad	ldress (P.O. Box Number is Not Acceptable)	
	TE 102		B3		
IAN	APA FL 33607		["]		
			B4 City		FL 85 Zip Code
44 Direction t	to the provisions of Soctions 607 0103	and 607 1609 Elevido State	itan the above percel or		
office or re	egistered agent, or both, in the State o	f Horida, Such change was	authorized by the corpor	proporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment as registered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statutes.		
-					
SIGNATURE	OL-TI		NI Decide of Academic Control		475
	Signature, typed or printed name of eigested agont	·	DTE Flegislered Agent signature req	**** *	ATE
12.	Signature, typed or pointed name of registered agont OF LICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND	·	13. 1.1 TOTLE	**** *	
12. TITLE NAME	P 80llazzo, John S	DIRECTORS	13. 1.1 TITLE 1.2 NAME	**** *	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	P SOLLAZZO, JOHN S \$312 BRUSHY CREEK DRIVE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	**** *	AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 80LLAZZO, JOHN S 8312 BRUSHY CREEK DRIVE TAMPA FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	**** *	AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SOLLAZZO, JOHN S S312 BRUSHY CREEK DRIVE TAMPA FL VST	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	**** *	AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	P SOLLAZZO, JOHN S \$312 BRUSHY CREEK DRIVE TAMPA FL VST SOLLAZZO, ELIZABETH A	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	**** *	AND DIRECTORS IN 12 Change Addition
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