


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90056 017 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000017474**

1. Corporation Name
BAYVIEW BUILDERS, INC.

Principal Place of Business
**5312 BRUSHY CREEK DRIVE
TAMPA FL 33625
US**

Mailing Address
**5312 BRUSHY CREEK DR
TAMPA FL 33625
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

4. FEI Number

59-3173367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **6715 Frontier Lane**

2a. Mailing Address
26 **6715 Frontier Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tampa, FL**

28 **Tampa, FL**

24 Zip **33625** 25 Country **USA**

29 Zip **33625** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAGAN, EDWIN B
2709 ROCKY POINT DR.
SUITE 102
TAMPA FL 33607**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	SOLLAZZO, JOHN S
STREET ADDRESS	5312 BRUSHY CREEK DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	VST <input type="checkbox"/> DELETE
NAME	SOLLAZZO, ELIZABETH A
STREET ADDRESS	5312 BRUSHY CREEK DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOLLAZZO, JOHN S
1.3 STREET ADDRESS	6715 Frontier Lane
1.4 CITY-ST-ZIP	TAMPA, FL 33625
2.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOLLAZZO, Elizabeth A.
2.3 STREET ADDRESS	6715 Frontier Lane
2.4 CITY-ST-ZIP	TAMPA, FL 33625
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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:

Elizabeth A. Solazzo Elizabeth Solazzo, 4/12/99 813-620-1099
Date Daytime Phone #

CR2E034 (1/98)