

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000033280 (7)**

1. Corporation Name

BAY POINTE EQUITIES, INC.

Principal Place of Business

**4890 WEST KENNEDY BLVD
#450
TAMPA FL 33609
US**

Mailing Address

**4890 WEST KENNEDY BLVD
#450
TAMPA FL 33609
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1993

4. FEI Number

59-3185143

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **5444 BAY CENTER DR.**

Suite, Apt. #, etc.

22 **105**

City & State

23 **TAMPA FL**

Zip

24 **33609**

Country

25 **1**

2a. Mailing Address

26 **5444 BAY CENTER DR.**

Suite, Apt. #, etc.

27 **105**

City & State

28 **TAMPA FL**

Zip

29 **33609**

Country

30 **1**

9. Name and Address of Current Registered Agent

**MCELVEEN, MICHAEL A
4890 W. KENNEDY BLVD
STE 450
TAMPA FL 33609**

81 Name

82 Street Address

5444 BAY CENTER DRIVE

83 **STE 105**

84 City

TAMPA FL

FL

85 Zip Code

33609

10. Name and Address of New Registered Agent

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, 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 **D** ☐ DELETE

NAME **MCELVEEN, MICHAEL A**
STREET ADDRESS **4890 W. KENNEDY BLVD., STE 450**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ DELETE

NAME **BERNER, DAVID**
STREET ADDRESS **4890 W. KENNEDY BLVD., STE 450**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **5444 BAY CENTER DRIVE, STE 105**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **5444 BAY CENTER DRIVE, STE 105**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E034 (10/97)