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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071324

1. Corporation Name

BAYMAR OF MIAMI, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90024 003 ***150.00

UATIMAN	OF INTERIOR								
Principal Place	e of Business	Mailing Address	<u></u>				 	1521 II.866	IQ (184) BI di 188 1
12911 SW 10TH CT		12911 SW 10TH CT							
DAVIE FL 33325		DAVIE FL 33325				DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						10/14/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0460655			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22		27						Required	
City & State		City & State			6. Election Campaign Financing			May Be	
23		28		tm.		Trust Fund Contribution			d to Fees
Zip	Country	Zip		untry		This corporation owes the curre Personal Property Tax.	nt year Inta	angible ∐Yes	□No
24	9. Name and Address of Curi	29 29 Agent	30	1		10. Name and Address of New R	eaistered /		
-	9. Name and Address of Curi	rent Registered Agent		81	Name	To: Feding diffe Addition of Now A	.		
CAP	ITAL CONNECTION, INC.					<u> </u>			
417 E VIRGINIA ST			82	Street Add	ess (P.O. Box Number is Not Acceptable)				
SUIT				83					
TALL	LAHASSEE FL 32301								
				84	City	•	FL	85 Zi	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	tatutes, the	above-	named corp	poration submits this statement for the ion's board of directors. I hereby accep	purpose of the appoin	changing introduction	ts registered registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505	ras autnorize i, Florida Sta	ed by tr atutes.	ne corporati			<u>.</u>	
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505 agent and title if applicable.	vas authorize , Florida Sta NOTE: Registere	ed by tr atutes. ed Agents	ne corporati	red when reinstating)	DATE		
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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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

(954) 476-7926