SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

P9400009208 (7)

BY THE BAY, INC.

Principal Place	e of Business	Mailing Address			
1800 N. BAY MIAMI FL 33	'SHORE DR.	1800 N. BAYSHORE DI MIAMI FL 33132	R.		
US				 Date Incorporated or Qualified 02/04/1994 	d 3a. Date of Last Report 06/20/1995
¬ '	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# clc	Suite, Apt #, etc		65-0468390	Not App'icable
2	#, OC	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
3 Zip	Country	28	T Country	Trust Fund Contribution	Added to Fees
4]	25	Zip 29	Country 30	B. This corporation has liability for Florida Statutes	rintangible tax under s. 199.032. Yes K No
	9. Name and Address of Cur		30	10. Name and Address of New F	reared
37 FT	LINGS INC 132 N.W. 16TH ST. 1. LAUDERDALE FL 33311	0602 and 507 1500. Shorts Date	82 Street Co. 83 P. 84 City	NORTH BAY	FL 85 33/37
office or re agent I ar SIGNATURE	ogistered agent or both, in the St in familiar with, and accept the ob	gations of Section 607,0505, Fix	as, the above-hamed corporate puthorized by the corporate orida Statutes	poration submits this statement for the ion's board of directors. Thereby acce	purpose of changing its registered pt the appointment as registered
, ,					
12.	Signatura dur pr. red red recentificación. OF HCE RS	AND DIRECTORS	FE Registered Agent signature requi		CERS AND DIRECTORS IN 12
	OFFICERS	· · · · · · · · · · · · · · · · · · ·	IF Registered Agent signature requirements and the state of the state	ned west renglater); ADDITHONS/CHANGES 10 OFF	HCERS AND DIRECTORS IN 12 Change Addition
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further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that nily signature shall have the same logal effect as if made under oath, that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:X SIGNATURE AND TYPES OF PHOTOGRAPH OF SUGRING OFFICER OR DIRECT

WILLIAM F ACER III 67-96 358-7344