FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

RECEIVED AND FILED
95 FEB 21 AM 10:45
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TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015414 (3)**

1. Corporation Name
CARROLLWOOD OAKS BAYWAY, INC.

200001414172
-02/23/95--01103--019
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD STE 2000 TAMPA FL 33602-5133	101 E KENNEDY BLVD STE 2000 TAMPA FL 33602-5133

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3226178 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, MARK E
101 E KENNEDY BLVD
STE 2000
TAMPA FL 33602-5133

10. Name and Address of New Registered Agent

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	
NAME	ZARITSKY, STEVEN R	
STREET ADDRESS	4924 ANDROS DR	
CITY ST ZIP	TAMPA FL 33629	
TITLE	D	
NAME	MILLER, MARK E	
STREET ADDRESS	101 E KENNEDY BLVD #2000	
CITY ST ZIP	TAMPA FL 33602-5133	
TITLE	D	
NAME	WOLFSON, MARK J	
STREET ADDRESS	100 N TAMPA ST #2700	
CITY ST ZIP	TAMPA FL 33602	
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
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		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
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	DOS	
6.3 STREET ADDRESS		
6.4 CITY ST ZIP	2-21	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above, or on an attachment with an address.

SIGNATURE: _____ 1/30/95 (813) 209-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark E. Miller, Vice President

000004 CP