FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000024619 (6) DOCUMENT # 1. Corporation Name

BAYSHORE GRAND, INC.

DAISHUN	E GHAND, INC.						
Principal Place of E	Business	Mailing Address				19101 99113 BBS1 91919	31(8) 193 (3 13 1) (83)
3333 W. KENNEDY BLVD., STE. 206 3333 W. KENNEDY BLVD., STE. 206 TAMPA FL 33609							
					3. Date Incorporated or Qualified 03/31/1994	3a. Date of La 03/24/	1995
2. Principal Place	of Business	2a. Mailing Address			59-3232509 Not Applie		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	ŀ···-ı		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	h		Election Campaign Financing Trust Fund Contribution	<u> </u>	5.00 May Be Added to Fees
Zip	Country 25	Ζφ 29	Country 30	, ,	R. This corporation has liability for Florida Statutes Yes	intangible tax und No	ler s 199.032,
!4	9. Name and Address of Cu				10. Name and Address of New F	egistered Agen	t
	V		81	Name			
BURKE, DAVID P ONE HARBOUR PLACE				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 500	001112102		83				
TAMPA FL	33602		84	City		FL 85	Zip Code
or registered familiar with,	paget or both in the State of	Florida, Such change was aun Section €07.0505, Florida Stati	iorizea by the cor	DOI/AUDITS DUE	ration submits this statement for the purific of directors. I hereby accept the appoint when renstating	ointrnent as regis	Tered agent, I am
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
17762	LE D DELETE ME CURTIS, DANIEL B		1. 1 TIIL0			☐ Ch	ange
			1.2 NAM				
	3333 W. KENNEDY BLVD.	, STE. 206		T ADDRESS			
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NAME			6.2 NAM	İ			
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP	certify that the information sup	alled with this filing is voluntarily	. f had a date	-SI-ZIP bes not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida	Statutes. I further
certify that t	he information indicated on this em an officer or director of the		ii arinua: report is rustee empowere		rate and that my signature shall have the this report as required by Chapter 607,		
		mAt.		untic		(813)87	5-6324
SIGNAT	TKE: Many	PED OR PRINTED NAME OF SIGNING	niel B. C		Date	Dayto	e Phone #