FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000024619 (6) BAYSHORE GRAND, INC. Principal Place of Business Mailing Address 3333 W. KENNEDY BLVD., STE. 206 3333 W. KENINEDY BLVD.. STE. 206 TAMPA FL 33609 **TAMPA FL 33609** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable 59-3232509 26 Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes ☐ No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BURKE, DAVID P ONE HARBOUR PLACE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 500 83 **TAMPA FL 33602** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or priofed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRI CTORS 12. 13. THTLE DELETE 1.1 TITLE ☐ Change Addition CURTIS, DANIEL B NAME 1.2 NAME 3333 W. KENNEDY BLVD., STE. 208 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33609** CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TIFLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or fursite 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 apprinted with an officers.

6 1 TITLE

62 NAME 63 STREET ADDRESS

DELETE

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

2/1/98

813-875-6324

☐ Change

☐ Addition

CRZEG94