

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000025873 (8)  
1. Corporation Name  
BAY HARBOR, INC.

Principal Place of Business 18374 US HWY 331 S FREEPORT FL 32439 US	Mailing Address 18374 U HWY 331 S FREEPORT FL 32439 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 743 Hwy 98 E Suite, Apt. #, etc. Side 5 22 City & State Destin FL 32541 23 Zip 32541 Country USA		2a. Mailing Address 26 743 Hwy 98 E Suite, Apt. #, etc. Side 5 27 City & State Destin FL 28 Zip 32541 Country USA		3. Date Incorporated or Qualified 03/31/1994	
4. FEI Number 59-3233862		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent PARIS, ALBERT E 18374 US HWY 331 S FREEPORT FL 32439				10. Name and Address of New Registered Agent 81 Name Robert E. McGill, III 82 Street Address (P.O. Box Number is Not Acceptable) 743 Hwy 98 E #5 83 84 City Destin FL 85 Zip Code 32541	
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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 Robert E. McGill, III  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-21-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	PARIS, ALBERT E	1.1 TITLE		1.2 NAME	
STREET ADDRESS		18374 US HWY 331 S		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		FREEPORT FL		2.1 TITLE		2.2 NAME	
TITLE	D	NAME	TEPPER, BEN S	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		733 INDIAN TRAIL		3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		DESTIN FL 32541		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	D	NAME	SMITH, LEROY JR	4.1 TITLE		4.2 NAME	
STREET ADDRESS		52 KENSINGTON LN		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		DESTON FL		5.1 TITLE		5.2 NAME	
TITLE	D	NAME	BLACK, ROBERT L	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		2806 OAK MOUNTAIN DR		6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		SAN ANGELO TX 76904		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	D	NAME	TAWES, GREGORY	7.1 TITLE		7.2 NAME	
STREET ADDRESS		6455 E ISLAND LAKE RD		7.3 STREET ADDRESS		7.4 CITY-ST-ZIP	
CITY-ST-ZIP		EAST LANSING MI 48823		8.1 TITLE		8.2 NAME	
TITLE	D	NAME	GRADY, ELDER	8.3 STREET ADDRESS		8.4 CITY-ST-ZIP	
STREET ADDRESS		69 E. COUNTRY CLUB DRIVE		9.1 TITLE		9.2 NAME	
CITY-ST-ZIP		DESTIN FL 32541		9.3 STREET ADDRESS		9.4 CITY-ST-ZIP	

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.

SIGNATURE: Ben S. Tepper, Ben S. 4-21-98 850-654-9655

CR2E034 (10/97)