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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027188 (9)

SOUTHERN BAY MANAGEMENT, INC.

## FILED Jan 29 1998 8:00am Secretary of State



				4 10011001 110 10111 81811 80111 08111 80111 90116 1	18 († 18 60¢ 116 6) 18 († 1811 1811 188)
Principal Place of Business	Mailing Address				
1649 S. E. 13TH STREET	1649 S. E. 13TH STREE				
FT. LAUDERDALE FL 33316	FT. LAUDERDALE FL 3	3316		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				04/05/1994	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26	26		65-0483852	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	_		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Countr	у	8. This corporation owes or has paid the co	
24 25	29	30		Personal Property Tax due June 30.	∐ Yes ∐ No
	s of Current Registered Agent	81	Nome	10. Name and Address of New Registered	Agent
BLUMENTHAL, HARRY C		61	Name		
300 S.E. 5TH AVENUE		82 Street Ac		ress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33432		0.0			····
		63	'		
		84	City		85 Zip Code
44.0	007 0500		<u> </u>	Fl	L.     !
office or registered agent, or both,	in the State of Florida. Such change was	utes, the above authorized b	/e-named corp ly the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I am familiar with, and accep			S.	1-1-08	\$
SIGNATURE Service	I registered agont and title if applicable (NO	-	<del></del>	1.6.40	
	FICERS AND DIRECTORS	13.	eni signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE P	I DECETE			ADDITIONATION IN COLUMN TO CONTROLLING THE	Change Addition
NAME BENNETT, CRAIN J	ERAIN, Bennett, J.	2 a 1.2 NAME			
STREET ADDRESS 1649 SE 13TH ST	,	13 STREE	T ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE F	ર્દ	1.4 CITY-			
TITLE S	DELETE	21 TITLE			Change Addition
NAME HAMRICK, SALLIE		2.2 NAME			
STREET ADDRESS 1556 RITCHIE LANE	3	2.3 STREE	T ADDRESS		
CITY-ST-ZIP ANNAPOLIS MD 21	401	2. 4 CITY-	ST-ZIP	e de la companya de	
TITLE	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	ADDRESS		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME		4. 2 NAME	ł		
STREET ADDRESS		4.3 STREET	ADDRESS		1
CITY-ST-ZIP		4.4 CITY-5	ST - ZIP		
TITLE	☐ DÉLET <b>E</b>	5.1 TOLE		-	Change Addition
NAME		5.2 NAME			
STREET ADORESS		5.3 STREET	ADDRESS		
CITY-ST-ZIP		5.4 CITY-5	ST-ZIP		
TITLE	DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET	ADDRESS		
CITY-ST-ZIP		64 CITY - 5			
14. I hereby certify that the information:	supplied with this filing does not qualify f	for the exemp	tion stated in	Section 119 07(3)(i) Florida Statutes, I further or	erlify that the information

4. 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 truster embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

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