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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90228 030 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000029180

1. Corporation Name
BAYMAR HOTELS & PROPERTIES, INC.



Principal Place of Business
**9401 COLLINS AVE.
 SURFSIDE FL 33154**

Mailing Address
**9401 COLLINS AVE.
 SURFSIDE FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/18/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0487299	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTAYAN, ROY O 5401 COLLINS AVE SURFSIDE FL 33154	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTAYAN, ROY	1.2 NAME	
STREET ADDRESS	12705 CYPRUS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTAYAN, BERG	2.2 NAME	
STREET ADDRESS	100 LINCOLN RD., STE. 748	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAM BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: _____ **ROY MARTAYAN** 4/22/1999 (305) 866-7446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (1/98)