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

Mailing Address
1040 BAYVIEW DRIVE

2e, Mailing Address

Suite, Apt. #, etc.

FORT LAUDERDALE FL 33304-2542

STE 420

26

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040341 (7)

BAYVIEW OFFICES, INC.

Principal Place of Business

FORT LAUDERDALE FL 33304

2. Principal Piace of Business

Suite, Apt. #, etc.

SIGNATURE:

1040 BAYVIEW DRIVE

STE 420

22

23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Cour	ntrv		8. This corporation has liability for intangible tax under s. 199.032,	
24	25]	29	,	30			Florida Statutes 🔼 Yes 🗌 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
HEATÓN, LINN					81	Name		
1040 BAYVIEW DRIVE STE 425					82	B2 Street Address (P.O. Box Number is Not Acceptable)		
					63			
FI.	LAUDERDALE FL 333	104			03			
				Ī	84	City	FL 85 Zip Code	
office or r		in the State of Flori	da. Such change w	as authorized	i by	the corpor-	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signative Typed or printed name	of registered agent and title	il applicable.	(NOTE Registered	Age	ni signature req	jured when reinstaling) DATE	
12.	OI	FICERS AND DIRE	CTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD		DELETE	1.1 TIT	LE		Change Addition	
NAME	HEATON, LINN			1.2 NA	ME	}		
STREET ADDRESS	1040 BAYVIEW DR			1.3 ST	REET	ADDRESS		
CITY-ST-ZIF	FT LADUERDALE F	L		1.4 CIT	Y - \$1	T- ZiP		
TITLE	VP		☐ DELETE	2.1 7(1	LE		Change Addition	
NAME	HEATON, LEE			2.2 NA	ME	ļ		
STREET ADDRESS	1040 BAYVIEW DR	420		2.3 \$11	REET	ADDRESS		
DITY-ST-ZIP	FT LAUDERDALE F	Ĺ		2. 4 CI	TY-S	1-2IP		
TITLE			DELETE	3.1 717	LE		Change Addition	
NAME				3.2 NA	ME			
STREET ADDRESS				33 \$1	REET	ADDRESS		
CITY ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.4. Cr	TY - S	T-ZIP		
FITLE			DELETE	4.1 707	LE	ļ	Change Addition	
NAME				4. 2 NA	ME			
STREET ADDRESS				4.3 ST	REET	ADDRESS		
City-St-ZiP				4.4 CH	Y-\$1	T-ZIP		
TITLE			☐ DELETE	5.1 1ंस	Lŧ		Change Addition	
NAME				5.2 NA	ME			
STREET ADDRESS				5.3 \$1	REET	ADDRESS		
CITY-ST-ZIP				5.4 CI	Y-S	T-21P		
TITLE			DELETE	61 TIT	LE		Change Addition	
NAMÉ				6.2 NA	ME			
STREET ADDRESS				6.3 \$7	REET	ADDRESS		
CI1Y-S1-ZIP	<u> </u>			6.4 CIT				
informatio	ori indicated on this annu	al report or supplen orporation or the rec	nental annual repor ceiver or trustee em	t is true and a	iccu	rate and th	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the lat my signature shall have the same legal effect as if made under oath; the lort as required by Chapter 607, Florida Statutes; and that my name	

FILED Mar 07 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

05/01/1996



3. Date Incorporated or Qualified

5. Certificate of Status Desired

05/27/1994

4. FEI Number 65-0493438