

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

FILED

Mar 19 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 # P94000040341 (7)

1. Corporation Name
BAYVIEW OFFICES, INC.

Principal Place of Business
1040 BAYVIEW DRIVE
STE 420
FORT LAUDERDALE FL 33304
US

Mailing Address
1040 BAYVIEW DRIVE
STE 420
FORT LAUDERDALE FL 33304
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1994	
21 Suite, Apt. #, etc.		26 2000 N Florida Mang Rd		4. FEI Number 65-0493438	
22 City & State		27 200		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 W Palm Bch FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 33409		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 USA			

9. Name and Address of Current Registered Agent

HEATON, LINN
1040 BAYVIEW DRIVE
STE 425
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name	Deborah Dentry
82 Street Address (P.O. Box Number is Not Acceptable)	2000 N. Florida Mang Rd #200
83	
84 City	W Palm Beach
85 Zip Code	FL 33409

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

Deborah Dentry

3/14/98

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATON, LINN	1.2 NAME	
STREET ADDRESS	1040 BAYVIEW DR 420	1.3 STREET ADDRESS	215 5th St #108
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	W Palm Bch FL 33401
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATON, LEE	2.2 NAME	
STREET ADDRESS	1040 BAYVIEW DR 420	2.3 STREET ADDRESS	215 5th St #108
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	W Palm Bch FL 33401
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.

SIGNATURE:

Lee W. Heaton

Lee W. Heaton

3/14/98 5418324050

CR2E034 (10/97)