

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000044228 (2)**

1. Corporation Name  
**NORTH BAY VENTURES, INC.**



Principal Place of Business Mailing Address  
**% NORMAN S. JAFFE**  
**5700 N. BAY ROAD**  
**MIAMI BEACH FL 33140**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip County 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **06/13/1994** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **APPLIED FOR 65-0500920** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**JAFFE, NORMAN S**  
**5700 N. BAY ROAD**  
**MIAMI BEACH FL 33140**

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 607.1502, 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 I accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
D  DELETE  
NAME: **JAFFE, NORMAN S**  
STREET ADDRESS: **% 9400 S. DADELAND BLVD., STE. 600**  
CITY-STATE-ZIP: **MIAMI FL 33156**  
 DELETE  
 DELETE  
 DELETE  
 DELETE  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
 Change  Addition  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
 Change  Addition  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
 Change  Addition  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
 Change  Addition  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information provided 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. I am an officer or director of the corporation, the register or trustee, or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of, or on an addition, block with an address.

SIGNATURE: *Norman S. Jaffe* **NORMAN S. JAFFE PRES.** 4/8/96 305 945 7433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)