

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000033473 (6)

Corporation Name

BAY VIEW APARTMENTS, INC.



Principal Place of Business 2600 DOUGLAS ROAD 911 DOUGLAS CENTRE CORAL GABLES FL 33134		Mailing Address 2600 DOUGLAS ROAD 911 DOUGLAS CENTRE CORAL GABLES FL 33134		3. Date Incorporated or Qualified 04/28/1995		3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 105-0585445		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
9. Name and Address of Current Registered Agent LUSTIG, ROY R 2600 DOUGLAS ROAD 911 DOUGLAS CENTRE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			
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							
1. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
2. 2. NAME							
3. 3. STREET ADDRESS							
4. 4. CITY - ST - ZIP							
5. 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
6. 6. NAME							
7. 7. STREET ADDRESS							
8. 8. CITY - ST - ZIP							
9. 9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
10. 10. NAME							
11. 11. STREET ADDRESS							
12. 12. CITY - ST - ZIP							
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96. 96. CITY - ST - ZIP							
97. 97. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
98. 98. NAME							
99. 99. STREET ADDRESS							
100. 100. CITY - ST - ZIP							

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)