

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000052023 (5)**

1. Corporation Name
NORTH BAY ROAD, INC.



Principal Place of Business
**2955 NORTH BAY ROAD
MIAMI BEACH FL 33140**

Mailing Address
**2955 NORTH BAY ROAD
MIAMI BEACH FL 33140**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/06/1995

3a. Date of Last Report

4. FLI Number 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

**WEISS, SOLOMON ESQ.
420 LINCOLN ROAD
SUITE 285
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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

Signature of person or persons authorized to file this report

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE DELETE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE DELETE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE DELETE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE DELETE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE DELETE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE DELETE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP Change Addition

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP Change Addition

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP Change Addition

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP Change Addition

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP Change Addition

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Fay Hirsch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-96
DATE

CR2E034 (12/95)