

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 # P95000080011 (6)

1. Corporation Name
BAY WORTH INC.



Principal Place of Business
**6111 S MILITARY TRAIL
LAKE WORTH FL 33463**

Mailing Address
**6111 S MILITARY TRAIL
LAKE WORTH FL 33463**

3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report
4. FEI Number 65-0614131	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	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIVARD, JACQUES
6111 S MILITARY TRAIL
LAKE WORTH FL 33463**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1525, 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 typed or printed name of registered agent

Date of signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	RIVARD, JACQUES	
STREET ADDRESS	6111 S MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES RIVARD 5/24/96 (407) 434-9646

CR2E034 (12/95)