

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 # P95000083884 (3)

1. Corporation Name

BAYVIEW REGENCY CORP.



Principal Place of Business

Mailing Address

~~2400 EAST COMMERCIAL BLVD. #820~~
~~FORT LAUDERDALE FL 33308~~

~~2400 EAST COMMERCIAL BLVD. #820~~
~~FORT LAUDERDALE FL 33308~~

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report
First Report

2. Principal Place of Business
21 1201 S.E. 2nd Ct.

2a. Mailing Address
26 1201 S.E. 2nd Ct.

4. FEI Number
65-0632846

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite #104

Suite, Apt. #, etc.
27 Suite #104

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Ft. Lauderdale, FLA.

City & State
28 Ft. Lauderdale, FLA.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33301-3933 25 USA

Zip Country
29 33301-3933 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBERT, JOSEPH A
2400 EAST COMMERCIAL BLVD. #820
FORT LAUDERDALE FL 33308

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, 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 ~~SECRETARY~~ ☐ DELETE
NAME HUBERT, JOSEPH A
STREET ADDRESS 2400 EAST COMMERCIAL BLVD. #820
CITY-ST-ZIP FORT LAUDERDALE FL 33308

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE P/D/T ☐ DELETE
NAME Ralph H. Doering, III
STREET ADDRESS 1201 S.E. 2nd Ct. #104
CITY-ST-ZIP Ft. Lauderdale, FLA. 33301

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D/VP ☐ DELETE
NAME John C. Doering
STREET ADDRESS 1201 S.E. 2nd Ct. #104
CITY-ST-ZIP Ft. Lauderdale, FLA. 33301

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

Ralph H. Doering, III, President X 4/20/96 X (954) 525-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)