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**Feb 03 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000090060 (1)

1. Corporation Name
BAYWAY ADVENTURES, INC.



Principal Place of Business Mailing Address
**17811 GULF BLVD.
REDINGTON SHORES FL 33708** **17811 GULF BLVD.
REDINGTON SHORES FL 33708-1133**

3. Date Incorporated or Qualified 3a. Date of Last Report
11/21/1995 **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number Applied For
59-3346462 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOUSA, JORDAN A
17811 GULF BLVD.
REDINGTON SHORES FL 33708**

81 Name **MAURICE R. BIERLY**
82 Street Address (P.O. Box Number is Not Acceptable)
17811 GULF BLVD
83
84 City **REDINGTON SHORES** FL 85 Zip Code **33708**

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 **Maurice R. Bierly** PT **MAURICE R. BIERLY** 1/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** DELETE
NAME **SOUSA, JARDAN**
STREET ADDRESS **17811 GULF BLVD**
CITY-ST-ZIP **REDINGTON SHORES FL 33708**

1.1 TITLE **PTD** Change Addition
1.2 NAME **BIERLY, MAURICE R**
1.3 STREET ADDRESS **17811 GULF BLVD**
1.4 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE **S** DELETE
NAME **SOUSA, ELIZABETH**
STREET ADDRESS **1852 53RD ST SOUTH**
CITY-ST-ZIP **GULFPORT FL 33707**

2.1 TITLE **SP** Change Addition
2.2 NAME **BIERLY, JORDAN R.**
2.3 STREET ADDRESS **17811 GULF BLVD.**
2.4 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Maurice R. Bierly** **MAURICE R. BIERLY** 1/14/97 813 3975171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)