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 # **P95000091414 (9)**

1. Corporation Name
BAYWATCH TRADING, INC.

Principal Place of Business
7833 FISHER ISLAND DR
FISHER ISLAND FL 33109

Mailing Address
7833 FISHER ISLAND DR
FISHER ISLAND FL 33109

3. Date Incorporated or Qualified: **11/29/1995**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0639096** ☐ 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

9. Name and Address of Current Registered Agent

KERVEL, JANA L
731 WREN AVE
MIAMI SPRINGS FL 33166

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 607.0505 and 607.1505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	EDWARD A. TOGNONI	12 NAME	
STREET ADDRESS	7833 ISLAND DR.	13 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109	14 CITY-ST-ZIP	
TITLE	SECRETARY ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JAMES A. TOGNONI	22 NAME	
STREET ADDRESS	14628 BIG TIMBER LN	23 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD, MO. 63017	24 CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JAMES A. TOGNONI	32 NAME	
STREET ADDRESS	14628 BIG TIMBER LN.	33 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD, MO. 63017	34 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	VINCE SCHETTINO	42 NAME	
STREET ADDRESS	51 AVENUE D.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLBROOK, NY 11741	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Bank deposit $200.00

14. I do hereby certify that the information supplied with this filing is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Edward A. Tognoni PRESIDENT 4-25-96 (305) 441-4399

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON — OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER — Jacqui

CR2E034 (12/95)