FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS

	MENT # P960000 BAY DEVELOPERS, INC.)10504 (4)			
Principal Place	e of Business	Mailing Address			A BOTH FINDS ROTAL BULL BEILL ATH 1991
29050 U.S. 19 NORTH SUITE 100 CLEARWATER FL 34821		28050 U.S. 18 NORTH SUITE 100 CLEARWATER FL 34621-26	10		·
VERMINALEN I	I E Grant		•	3. Date Incorporated or Qualified 02/01/1996	3a. Date of Last Report
2. Principal Place of Businoss 2a. Mailing Addr		2a. Mailing Address		4. FEI Number 59-3366614	★ Applied For
21 Suite, Apt. #, etc.		26		37-3366611	Not Applicable
22 Suite, Apt. 1	w, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has tiability for	ntangible tax under s. 199.032,
24	25		30	Florida Statutes	Yes 🗌 No
	9. Name and Address of Current F	legistered Agent		10. Name and Address of New Re	gistered Agent
	, GREGORY A		81 Name		i
28050 U.S. 19 NORTH			82 Street Addr	ess (P.O. Box Number is Not Acceptab	lo)
SUITE 100			83		
CLE	ARWATER FL 34621		65		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 a	ind 607,1508. Florida Statute	s, the above-named corp	oration submits this statement for the p	
office or re	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was a	uthorized by the corporat-	on's board of directors. I hereby accep	ot the appointment as registered
•	Tamilia with and accept the obligation		nua statutes.		4/1.103
SIGNATURE	Signature, typied or printed name of registered agent a	nti title if applicable (NOTE	Registered Agent signature require	ed when reinstaling)	4/10/47 DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	DELETE	1.1 TITLE 3		Change Addition
NAME	ADLER, LASZLO		1.2 NAME S	ZABZ STEVE og Harbor Dr.	
STREET ADDRESS	28050 U.S. 19 NORTH, STE. 100 CLEARWATER FL 34621	•	1.3 STREET ADDRESS 3	ELLEAIR BEACH TI	23786
CITY-ST-ZIP TITLE	VSD VSD	DELETE	14 CITY-ST-ZIP 78 1	EFFERNC DEACH 4.	☐ Change ☐ Addition
NAME	FOX, GREGORY A			ZASZ ROBERT	
STREET ADDRESS	28050 U.S. 19 NORTH, STE. 100	1	2.3 STREET ADDRESS 3	55 12 TH AUE N.	
CITY-S1-ZIP	CLEARWATER FL 34621		2.4 CITY-S1-ZIF (N	DIAN ROCKS BEACH	FL. 33785
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME	zasz märy	
STREET ADDRESS			3.3 STRLET ADDRESS 🎜	OG HARBOR DR.	
CITY-ST-ZIP			3.4. C(1) Y - ST - ZIP 3.6	ILLEAIR BEACH FL	. 33786
TATLE		DELETE	4.1 TITLE D. "		Change Addition
NAME			4.2 NAME	DLER LASTLO	
STREET ADDRESS			4.3 STREET ADDRESS 3	HARBOR DR.	1 22701
CITY-ST-ZIP TITLE		DELETE	44 CITY-ST-ZIP 8	BLLEAIR BEACH T	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - \$1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY-ST-ZIP		of all co	6.4 CITY-ST-ZIP		
information	by certify that the information supplied with indicated on this annual report or supflicer or director of the corporation or the Block 12 or Block 13 if characters are on the supplied or or the supplied or the supplination or the supplied or the supplied or the supplied or the sup	plemental annual report is tri	ue and accurate and that	my signature shall have the same lega-	Leffect as if made upder oath: that I