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Jun 02 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 # P96000022539 (6)

1. Corporation Name

BISCAYNE HOLDINGS, INC.



Principal Place of Business

100 E GRANADA BLVD. SUITE 200
ORMOND BEACH FL 32176

Mailing Address

100 E GRANADA BLVD. SUITE 200
ORMOND BEACH FL 32176-6630

3. Date Incorporated or Qualified

03/13/1996

3a. Date of Last Report

May 96

2. Principal Place of Business

21 444 SEABREEZE BVD

2a. Mailing Address

26 444 SEABREEZE BVD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite # 750

27 Suite # 750

City & State

City & State

23 Daytona Beach, FL

28 Daytona Beach, FL

Zip

Country

Zip

Country

24 32118

25 VOLUSIA

29 32118

30 VOLUSIA

9. Name and Address of Current Registered Agent

MITCHELL, JEROME D
125 N RIDGEWOOD AVE, 2ND FLOOR
DAYTONA BEACH FL 32114

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 607.0502 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BECKMANN, JIM
STREET ADDRESS 100 E GRANADA BLVD, SUITE 200
CITY- ST- ZIP ORMOND BEACH FL 32176

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE STD
NAME LONG, DIANE
STREET ADDRESS 100 E GRANADA BLVD, SUITE 200
CITY- ST- ZIP ORMOND BEACH FL 32176

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
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:

Diane W Long

4-30-97

(904) 252-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)