


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

97 OCT 21 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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

**1997**  
**DOCUMENT # P96000026328 (0)**  
 1. Corporation Name  
**2805 EAST BAY CORP.**  
**REINSTATEMENT 1997**



Principal Place of Business: **4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811**  
 Mailing Address: **4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>2805 EAST BAY DR</b>	26	<b>2805 EAST BAY DR.</b>	<b>03/22/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-3388172</b>	Not Applicable
22		27		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	<b>LARGO, FL</b>	28	<b>LARGO, FL</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip <b>33777</b>	25	Country <b>USA</b>	29	Zip <b>33777</b>
30	Country <b>USA</b>				

**9. Name and Address of Current Registered Agent**  
**XL CORPORATE SERVICES, INC.**  
**4435 OLD WINTER GARDEN ROAD**  
**ORLANDO FL 32811**

**10. Name and Address of New Registered Agent**  
 81 Name **CARL MAGNOTTA.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2805 EAST BAY DR**  
 83 **2805 EAST BAY DR**  
 84 City **LARGO** FL 85 Zip Code **33777**

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 Carl Magnota Pres. Carl Magnota DATE 10/17/97

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MAGNOTTA, DOMINICK</b>
STREET ADDRESS	<b>340 CENTRAL AVENUE</b>
CITY-ST-ZIP	<b>WHITE PLAINS NY 10603</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>Pres</b>
STREET ADDRESS	<b>CARL MAGNOTTA</b>
CITY-ST-ZIP	<b>340 CENTRAL AVE</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>900002329239--5</b>
2.3 STREET ADDRESS	<b>-10/24/97--01030--007</b>
2.4 CITY-ST-ZIP	<b>***750.00 ***750.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>A. Alan</b>
6.3 STREET ADDRESS	<b>10/21/97</b>
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.

CR2E034 (4/97)