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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049799

1. Corporation Name

BAYSIDE LENDERS, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90135 038 ***150.00



Principal Place of Business Mailing Address						- (INDIVIDUALIER (UNIO UNIVER EURIA UNIVERSALI AND PROPERTORIO PROPERTORIO PORTO PORT	
2451 MCMULLEN BOOTH RD 2451 MCMULLEN BOOTH RD						:	
CLEARWATER FL 34619		CLEARWATER FL 34619			·		
						DO NOT WRITE IN THIS SPACE	_
						3. Date incorporated or Qualifed	
						06/10/1996	_
2. Principal Pl	ace of Business	2a. Mailing Address	failing Address			4. FEI Number Applied For	
21		26				59-3380134 Not Applicable	<u>*</u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired , \$8.75 Additional Fee Required	
22 City 8 Chats		City & State					\dashv
City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	- }
Zip Country		Zip Country				This corporation owes the current year Intangible	┪.
		29 30			Personal Property Tax.		
24	9. Name and Address of Current		1			10. Name and Address of New Registered Agent	7
			8	31	Name	And the state of t	
KENI	NEDY, Brian J		_		O	(D.O. Day Myshav in Not Acceptable)	-
2451 MCMULLEN BOOTH RD				82 Street Address (P.O. Box Number is Not Acceptable)			
CLEA	RWATER FL 34619		8	33			7
				_			_
			8	84	City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abo	ove-i	named corpo	oration submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth	onzed t	ov th	e corporatio	on's board of directors. I hereby accept the appointment as registered	
agent. I ai	m tamiliar with, and accept the obligati	ons or, Section 607.0505, Florida	Sidiul	es.			-
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered A	gent s	signature required	d when reinstating) DATE	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.† TITL	E		Change Addition	ກ
NAME	KENNEDY, BRIAN J		1.2 NAME			•	
STREET ADDRESS	2451 MCMULLEN BOOTH RD		1.3 STREE		DDRESS		- { }
CITY-ST-ZIP	CLEARWATER FL 34619		1.4 CiTY-5		ZIP		_ ;
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	וחנ
NAME	MARVIN, TIMOTHY E		2.2 NAME 2.3 STREE				
STREET ADDRESS	2451 MCMULLEN BOOTH RD	,			DDRESS .	,	
CITY-ST-ZIP	CLEARWATER FL 34619			Y-ST-	ZIP		_
TITLE			3.1 TITL	.1 TITLE		☐ Change ☐ Addition	n
NAME			3.2 NAM	IE.	-		
STREET ADDRESS			3.3 STR	EETA	DORESS		1
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP		
TITLE		☐ DELETE	4.1 TITL	E	T	☐ Change ☐ Addition	on
NAME			4. 2 NAM	ΜE			
STREET ADORESS			4.3 STR	EETA	DDRESS		
CITY-ST-ZIP			4.4 CITY	/-ST-2	ZIP		\Box
TITLE		☐ DELETE	5.1 TITL	E		☐ Change ☐ Addition	nc
NAME			5.2 NAW	Æ			
STREET ADDRESS			5.3 STR	EETA	DDRESS		
CITY-ST-ZIP			5.4 CITY		ZIP		\dashv
TITLE		☐ DELETE	6.1 TITL	E		☐ Change ☐ Addition	חנ
NAME			6.2 NAM	Œ			
STREET ADDRESS			6.3 STR	EET A	DDRESS		
CITY-ST-ZIP			6.4 CITY	/-ST-	ZIP		

CITY-ST-ZIP 14. I 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 of 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 from an attact them with an address, with all other like empowered.

SIGNATURE: