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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000064186 (5)

1. Corporation Name BAY WEST II, INC.  Principal Place of Business Mailing Address  1743 INDEPENDENCE BLVD UNIT D-3 SARASOTA FL 34234  SARASOTA FL 34234  SARASOTA FL 34234  SARASOTA FL 34234-2145					
				3. Date Incorporated or Qualified 07/30/1996	3a. Date of Last Report
	Turce of Business Turce Polyce Bluck	2a. Mailing Address 26 1743 Inveces	enoence blul	4. FEI Number 65-0683066	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Cily & Stat		City & State 28 SARASOTA	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 342			30		Yes No
	9. Name and Address of Current MAN, STACEY S	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
UNI	3 Independence BLVD 1 D-3 Asota FL 34234		<ul><li>82 Street Add</li><li>83</li><li>84 City</li></ul>	Bunnell, Doris ress (P.O. Box Nymber is Not Acceptate 608-155 Street	FL 85 Zip Code 3.4205
SIGNATURE	phone: Typical or pented name of registered ager	st and title if applicable (NOTE	Registered Agent signature requi		9.7 DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
Totle Name	D Gillman, Stacey S		1.2 NAME		C. C. Suiña C. Magiciott
STREET ADDRESS	THE RESIDENCE OF THE PARTY OF T		1.3 STREET ADDRESS		
CHY+ST-ZIP	SARASOTA FL 34234	", 50	1.4 CITY-ST-ZIP		
Ti <sup>1</sup> (f	D	DELETE	2.1 TITLE		Change Addition
NAME	GILLMAN, JORDAN E		2.2 NAME		
STREET ADDRESS	1743 INDEPENDENCE BLVD UP	NT D-3	2.3 STREET ADDRESS		
C(1 y - \$1 - 2)P	SARASOTA FL 34234		2.4 CITY+\$T-ZIP		
THEF		☐ DELETE	3.1 TITLE		Change Addition
NAMÉ			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - S1 - 7/F		DELETE	3.4. C/TY+SY-Z/P 4.1 T/TLE		Change Addition
TITLE NAME		L) DELETE	4.2 NAME		Fin Sugnition
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-ST-ZIP		
DRE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-SI-ZIP	}		54 CITY-ST-ZIP		
10tf		DELETE	61 TITLE		Change Addition

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Loo hereby certify that the information supplied with this filling 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 reporter 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 charged on the appears with an address.

SIGNATURE:

STREET ADDRESS

ATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

941-355-5683

**FILED** 

Apr 16 1997 8:00am

Secretary of State