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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000065573 (3) DOCUMENT #

BAL BAY PROPERTIES, INC.

Principal Place of Business Mailing Address 224 BAL BAY DRIVE 224 RAL BAY DRIVE BAL HARBOUR FL 33154 BAL HARBOUR FL 33154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For APPLIED FOR 65-0822795 Not Applicable 26 21 Suite, Apt. #, ROSS TRAGER, P.A. Suite, Apt. #, etc. \$8.75 Additional CERTIFIED PUBLIC ACCOUNTANT 5. Certificate of Status Desired Fee Required 22 27 City & State PEARPOOKE RUSTO ROAD, STE. 110 6. Election Campaign Financing City & State \$5.00 May Be PEMBROKE PINES, FL 33026 Trust Fund Contribution Added to Fees 23 28 Zip Country Zip 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OLSEN, JOHN R 224 BAL BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 BAL HARBOUR FL 33154 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE OLSEN, JOHN R 1.2 NAME NAME 224 BAL BAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS **BAL HARBOUR FL 33154** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE SEC/TREA 2.1 TITLE TITLE JASON LOED 2.2 NAME NAME 460 So. Shore DR. STREET ADDRESS 2.3 STREET ADDRESS MIAM! BEACH, Fl. 2402 2.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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 trusted 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 of an area characteristics.

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

STREET ADDRESS

CITY-ST-ZIP

R2E034

FILED

Jul 02 1998 8:00am

Secretary of State