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Mar 10 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 # P96000079213 (0)

1. Corporation Name

BAYSHORE HOTEL CORPORATION

Principal Place of Business

3016 U.S. HIGHWAY 301 NORTH
SUITE 400
TAMPA FL 33619

Mailing Address

3016 U.S. HIGHWAY 301 NORTH
SUITE 400
TAMPA FL 33619-2265

3. Date Incorporated or Qualified

09/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3401727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSS, BRIAN M
100 SOUTH ASHLEY DRIVE
SUITE 2200
TAMPA FL 33602

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

TITLE C ☐ DELETE
NAME ABRAHAMSON, SUSAN R.L.
STREET ADDRESS 5341 GULF OF MEXICO DR.
CITY- ST- ZIP LONGBOAT KEY FL 34228

TITLE P ☐ DELETE
NAME ABRAHAMSON, JAMES A
STREET ADDRESS 5341 GULF OF MEXICO DR.
CITY- ST- ZIP LONGBOAT KEY FL 34228

TITLE VP ☐ DELETE
NAME LEWIS, CHRISTOPHER R
STREET ADDRESS 4609 CLARKSDALE LANE
CITY- ST- ZIP BRANDON FL 33511

TITLE S ☐ DELETE
NAME LEWIS, JAMES W JR.
STREET ADDRESS 4507 COUNTRY GATE COURT
CITY- ST- ZIP VALRICO FL 33594

TITLE T ☐ DELETE
NAME LEWIS, JAMES W JR.
STREET ADDRESS 4507 COUNTRY GATE COURT
CITY- ST- ZIP VALRICO FL 33594

TITLE D ☐ DELETE
NAME LEWIS, BETH C
STREET ADDRESS 4507 COUNTRY GATE COURT
CITY- ST- ZIP VALRICO FL 33594

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date

813-621-8199

Daytime Phone #

CR2E034 (9/96)