


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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

DOCUMENT # P96000088548 (8)

1. Corporation Name

BAYSIDE OF MARION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 71008  
OCALA FL 34471

P.O. BOX 71008  
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

22-3479629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LOCKETT, LAUREL E ESQ.  
ONE HARBOUR PLACE  
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 Section 607.0502, any change in the office or registered agent of this corporation shall be authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation and I am familiar with the obligations of the registered agent under Section 607.05, Florida Statutes.

SIGNATURE

RECEIVED FEB 09 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PAOLINO, LOUIE	1.1 TITLE	
NAME	1000 CRAWFORD PLACE STE 101	1.2 NAME	
STREET ADDRESS	MT LAUREL NJ 08054	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D KRAMER, ROBERT	2.1 TITLE	
NAME	1000 CRAWFORD PLACE STE 101	2.2 NAME	
STREET ADDRESS	MT LAUREL NJ 08054	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PATRICK, TERRY	3.1 TITLE	
NAME	1000 CRAWFORD PLACE STE 101	3.2 NAME	
STREET ADDRESS	MT LAUREL NJ 08054	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T KRZEMIEN, GREGORY	4.1 TITLE	
NAME	1000 CRAWFORD PLACE, #101	4.2 NAME	
STREET ADDRESS	MT LAUREL NJ	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 or the registered agent 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:

GREGORY KRZEMIEN 2/2/98

CR2E034 (10/97)