

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000086303 (9)**

1. Corporation Name

**WESTBAY PROPERTY MANAGEMENT, INC.**



Principal Place of Business <b>13954 W HILLSBOROUGH AVE TAMPA FL 33635</b>	Mailing Address <b>13954 W HILLSBOROUGH AVE TAMPA FL 33635</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>33825 U.S. 19 N</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>33825 U.S. 19 N.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/06/1997</b>		4. FEI Number <b>59-3473248</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State 23 <b>Palm Harbor, Fla.</b>		27 City & State 28 <b>Palm Harbor, Fla.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>34684</b> 25 <b>USA</b>		29 <b>34684</b> 30 <b>USA</b>							

9. Name and Address of Current Registered Agent <b>TRACY, JOHN A 13954 W HILLSBOROUGH AVE TAMPA FL 33635</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>33825 U.S. 19 N.</b>			
83				84 City <b>Palm Harbor, FL</b>			
				85 Zip Code <b>34684</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>TRACY, JOHN A</b>		1.2 NAME				
STREET ADDRESS	<b>13954 W HILLSBOROUGH AVE</b>		1.3 STREET ADDRESS	<b>33825 U.S. 19 N.</b>			
CITY-ST-ZIP	<b>TAMPA FL 33635</b>		1.4 CITY-ST-ZIP	<b>Palm Harbor, Fla. 34684</b>			
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>TRACY, MARILYN</b>		2.2 NAME				
STREET ADDRESS	<b>13954 W HILLSBOROUGH AVE</b>		2.3 STREET ADDRESS	<b>33825 U.S. 19 N.</b>			
CITY-ST-ZIP	<b>TAMPA FL 33635</b>		2.4 CITY-ST-ZIP	<b>Palm Harbor, Fla. 34684</b>			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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 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:  **John A. Tracy** 4/7/98 813)771-8880 813)818-1821

CR2E034 (10/97)