FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

S18595

(6)

DOCUMENT #

1. Corporation Name BAYVIEW FINANCIAL GROUP, INC.

Principal Place of P.O. BOX 11 FT LAUDERD		Maling Address P.O BOX 11876 FT LAUDERDAL US	3 E FL 33339-1878		
				3. Date Incorporated or Qualified 3a. 11/26/1990	Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FE: Number 65-0282124	Applied For
Suite, Apt. #,	etc.	Suite Apt #, et	C.		Not Applicable \$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State		Gity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Z _I p	Country	8. This corporation has liability for intang	Added to Fees
24	25	29	30	Florida Statutes	No No
	9. Name and Address of Cu	irrent Registered Agent	81 Name A	10. Name and Address of New Regist	ered Agent
STE 702 FT LAU	E 33RD ST 2 DERDALE FL 33308 the provisions of Sections 607.1	0502 and 607.1508. Horida S	84 City	AUDERD AUE	FL 85 Zip Code S 3 3 3 6 8 of changing its registered office
or registered familiar with SIGNATURE.	diagent is both, in the State of , and accept the obligations of gradies type of probal rank of righted	Florida, Such change was auf Section 607 0505, Florida Sta Janta et the dominater 5 AND DIRECTORS	horized by the corporation's boatutes. Ited Engalant April s packet approximate the second control of the sec	ird of directors. Thereby accept the appointment of	ent as registered agent. Lam 17-94
12.	p	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	RYAN, ANNE		1.2 NAME		C
STREET ADDRESS	2847 NE 26TH PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4.C.TY-ST-7IP		
TITLE		DECE IE			Change Addition
NAME CIRCL INCOCCO			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		☐ DELFTE	2 4 C(1Y + ST - Z)P' 3 1 T(1F)		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CHY - S1 - ZIF		
TITLE		☐ DELETE	4 I TITLE		Change Addition
NAME			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-S1-ZIP		□ Dereic	4 4 CITY - ST - ZIP		Change - 1445
TITLE		DELETE			Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5 3 STREET ADDRESS 5 4 City - S1 - Zip		
TITLE		DELETE			Change Addition
NAME			62 NAME		□ + := :8- □ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST-ZIP		
certify that t oath; that I a	he information indicated on this:	annual report or supplementa corporation or the receiver or t	y furnished and obes not qualify I annual report is true and accura rustee en powered to execute th	for the exemption stated in Section 119.07(3)(tate and that my signature shall have the same in report as required by Chapter 607, Florida 5	legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NOTE OF SIGNING OFFICER OR DIRECTOR