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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$21479** 

(8)

## BAYBURY DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address 10562 STONEBRIDGE BOULEVARD 10562 STONEBRIDGE BOULEVARD BOCA RATON FL 33498-2004 **BOCA RATON FL 33498** US 3. Date Incorporated or Qualified 3a. Date of Last Report 12/14/1990 04/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0236092 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GERSHON, HOLLY GAYLE 123 NW 13 ST., #221 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 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 appointment as registered agent. SIGNATURE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 (96/6) PD DELETE Change Addition THLE 1.1 TITLE SHAPIRO, ROBERT NAM 1.2 NAME 10631 STONEBRIDGE BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TOLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-S1-20P 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition DILE 5.1 TITLE

64 CITY-ST-ZIP 14. If 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; the lam an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13

5.2 NAME

6.1 TITLE

62 NAME

**53 STREET ADDRESS** 

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

100

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7P

CITY - St - ZiP

DELETE

Change

Ad \*\*\*\*

**FILED** 

Apr 21 1997 8:00am

Secretary of State