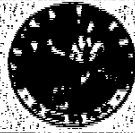


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 19 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59445 (4)
1. Corporation Name
NORTH BAY LAND COMPANY

Principal Place of Business Mailing Address
**169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134** **169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/13/1991 **01/19/1994**

4. FEI Number Applied For
65-0271093 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HINSON, JOHN A
169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134**

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

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT**
NAME **HINSON, JOHN A**
STREET ADDRESS **169 MIRACLE MILE #200**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **VS**
NAME **PELELLA, MONICA**
STREET ADDRESS **169 MIRACLE MILE #200**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE **DP** Change Addition
1.2 NAME **HINSON, JOHN A.**
1.3 STREET ADDRESS **169 Miracle Mile, #200**
1.4 CITY - ST - ZIP **Coral Gables, FL 33134**

2.1 TITLE **S** Change Addition
2.2 NAME **PELELLA, MONICA**
2.3 STREET ADDRESS **169 Miracle Mile, #200**
2.4 CITY - ST - ZIP **Coral Gables, FL 33134**

3.1 TITLE **VT** Change Addition
3.2 NAME **CORRIHER, STEPHEN M.**
3.3 STREET ADDRESS **169 Miracle Mile, #200**
3.4 CITY - ST - ZIP **Coral Gables, FL 33134**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(k), Florida Statutes. I further certify that the information 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 as stated, or in an attachment, with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A. Hinson, President

4-11-95 **(305) 444-2300**
Date Daytime Phone #