

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S59445** (4)

1. Corporation Name
NORTH BAY LAND COMPANY



Principal Place of Business

169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134

Meeting Address

169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Created 06/13/1991	3a. Date of Last Report 04/19/1995
4. FCIN Number 65-0271093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.010 through 607.150, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the address indicated in the State of Florida. Said change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am authorized to accept the obligations of Sections 607.010-607.150, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	DP	<input type="checkbox"/> DELETE
2. STREET ADDRESS	HINSON, JOHN A	
3. CITY	169 MIRACLE MILE #200	
4. STATE	CORAL GABLES FL	
5. TITLE	VS	<input type="checkbox"/> DELETE
6. NAME	PELELLA, MONICA	
7. STREET ADDRESS	169 MIRACLE MILE #200	
8. CITY	CORAL GABLES FL	
9. STATE	VT	<input checked="" type="checkbox"/> DELETE
10. TITLE	CORRIHER, STEPHEN M	
11. STREET ADDRESS	169 MIRACLE MILE, #200	
12. CITY	CORAL GABLES FL	
13. STATE		<input type="checkbox"/> DELETE
14. TITLE		
15. NAME		<input type="checkbox"/> DELETE
16. STREET ADDRESS		
17. CITY		
18. STATE		<input type="checkbox"/> DELETE
19. TITLE		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. STATE	PELELLA, MONICA	
5. TITLE	169 MIRACLE MILE, #200	
6. NAME	CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS		
8. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STATE		
10. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		
12. STREET ADDRESS		
13. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STATE		
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is true and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, officer or trustee or employee. I to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or 13a changed from an officer, director or trustee.

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

1-17-95 305 444 2800

CR2E034 (12/95)