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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

TOP OF THE BAY REALTY, INC.

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



7520 W. WATERS. SUITE 7 TAMPA FL 33615 TAMPA FL 33615				DO NOT WRITE IN THIS S	SPACE
				 Date Incorporated or Qualified 09/27/1991 	· ·
Principal Place of Business	2a. Mailing Address 26		-	4. FEI Number 59-3095200	Applied For Not Applicable
Suite, Apt #. etc.	Suite, Apt, #, etc.	Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	City & State		6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip (29) 30	· — /		8. This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangiblē] Yes 🎇 No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HERSH SANDRA B		81	Name		
4174 SALTWATER BLVD TAMPA FL 33615			Street Address (P.O. Box Number Is Not Acceptable)		
		83			
		84		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
Systems, types of printed native or regiment agent and time in approach. The control of the cont				DIDECTORS IN 12	

DELETE Change 1.1 TITLE HERSH, SANDRA B. 1.2 NAME 4174 SALTWATER BLVD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP ☐ DELETE Change TITLE 2.1 TITLE BROWN, HELEN G. NAME 2.2 NAME STREET ADDRESS 3911 FINCH AVE. 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE ___ Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 chapged, or on an attachment with an addyess.