

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S94667

1. Corporation Name

BAYSIDE PROPERTIES, INC.

(0)



Principal Place of Business		Mailing Address	
350 S. INDIANA AVE. ENGLEWOOD FL 34223		350 S. INDIANA AVE. ENGLEWOOD FL 34223	
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

3. Date Incorporated or Qualified 11/15/1991	3a. Date of Last Report 05/24/1995
4. FEI Number 65-0297644	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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEMAREE, WILLIAM M. 350 S. INDIANA AVE. ENGLEWOOD FL 34223		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

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

(NOTE: Registered Agent signature required on record change.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
DT	DAMEWOOD, KATHY E.	1.2 NAME	
STREET ADDRESS	10446 WATERFORD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
DP	DEMAREE, WILLIAM M.	2.2 NAME	
STREET ADDRESS	5405 DAVID BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
DV	BROWN, RUTH T.	3.2 NAME	
STREET ADDRESS	125 ENGLEWOOD HEIGHTS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
DS	ATCHISON, THOMAS	4.2 NAME	
STREET ADDRESS	27 BUNKER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 34224	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
D	JARVIS, CAROLYN	5.2 NAME	
STREET ADDRESS	1455 E. CREST DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

William M. Demaree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (94) 475-1311
DATE DAYTIME PHONE

CR2E034 (12/95)