

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 3:03

DOCUMENT # **V09909** (5)

1. Corporation Name
SOUTH BAY MANAGEMENT, INC.

Principal Place of Business
~~406-43 ST-W~~
~~SUITE A~~
~~BRADENTON FL 34209~~
US

Mailing Address
11077 BISCAYNE BLVD.
PENTHOUSE
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/29/1992** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0363357** Applied For 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
21 **11077 BISCAYNE BLVD**
Suite, Apt. #, etc. **PH**
City & State **MIAMI FL**
Zip **33161** Country **USA**

2a. Mailing Address
26 **11077 BISCAYNE BLVD**
Suite, Apt. #, etc. **PH**
City & State **MIAMI FL**
Zip **33161** Country **USA**

9. Name and Address of Current Registered Agent
LAZARUS, ROTHSTEIN
11077 BISCAYNE BLVD.
PENTHOUSE
MIAMI FL 33161

10. Name and Address of New Registered Agent
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, hand or printed name of registered agent and the filer

(If not Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP LYNN, MICHAEL 406-43RD STREET WEST SUITE A BRADENTON FL 34209	1. TITLE 2. NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11077 BISCAYNE BLVD, PH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DST SEIDER, HOWARD A 406-43 STREET WEST SUITE A BRADENTON FL 34209	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11077 BISCAYNE BLVD, PH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY, ST, ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(2)(b), 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 liquidator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/23/95 **305-899-2080**

(Caption Please)