

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13186

(4)

1. Corporation Name

BAY WEST III INVESTMENT CORP.

Principal Place of Business

1617 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

Mailing Address

1617 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1992

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0311449

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State
Palm Beach Gardens, FL

23 Zip Country

28 Zip Country
33420 USA

9. Name and Address of Current Registered Agent

GUANDJENN, JEAN-MICHEL
767 FORESTERIA AVENUE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

Marion Pearlman Nease

82 Street Address (P.O. Box Number is Not Acceptable)

5355 Town Center Rd

83

Suite 801

84

Boca Raton

FL

85 Zip Code

33486

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

Marion Pearlman Nease

11/13/95

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROTHPLETZ, ROLAND
STREET ADDRESS 1617 N. FLAGLER DRIVE
CITY - ST - ZIP WEST PALM BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ROTHPLETZ, ROLAND
1.3 STREET ADDRESS PO BOX 33209 NA
1.4 CITY - ST - ZIP PBG, FL 33420

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ 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(3)(k), Florida Statutes. I further certify that the information included 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:

ROTHPLETZ

4/6/95

Date

Daytime Phone #