

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 8 AM 10: 24

DOCUMENT # **V25606** (7)

1. Corporation Name
SMITH BAY HOMES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 2600 DOUGLAS ROAD SUITE 250 CORAL GABLES FL 33134	Mailing Address 2600 DOUGLAS ROAD SUITE 250 CORAL GABLES FL 33134
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3. Date Incorporated or Qualified 03/30/1992	3a. Date of Last Report 04/26/1994
4. FEI Number 65-0330328	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1553 San Ignacio Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 1553 San Ignacio Ave Suite, Apt. #, etc.
22 Suite C City & State	27 Suite C City & State
23 Coral Gables, FL Zip	28 Coral Gables, FL Zip
24 33146 Country	25 USA Country
29 33146 Country	30 USA Country

9. Name and Address of Current Registered Agent
EAGLETON, JAMES
2600 DOUGLAS ROAD
SUITE 250
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1553 San Ignacio Ave.
83 **Suite C**
84 City **Coral Gables** FL 85 Zip Code **33146**

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 607.0525, Florida Statutes.

SIGNATURE: *James Eagleton* DATE: **6-5-95**
Signature, typed or printed name of registered agent and 1995 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EAGLETON, JAMES
STREET ADDRESS	2600 DOUGLAS RD. S-250
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	KATHE, GUY
STREET ADDRESS	2600 DOUGLAS RD. S-250
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	ZINZELL, JOHN
STREET ADDRESS	2600 DOUGLAS RD. S-250
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	SMITH, JAMES R.
STREET ADDRESS	2600 DOUGLAS RD. S-250
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1553 San Ignacio Ave., S-C
1.4 CITY - ST - ZIP	Coral Gables, FL 33146
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1553 San Ignacio Ave., S-C
2.4 CITY - ST - ZIP	Coral Gables, FL 33146
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1553 San Ignacio Ave., S-C
3.4 CITY - ST - ZIP	Coral Gables, FL 33146
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1553 San Ignacio Ave., S-C
4.4 CITY - ST - ZIP	Coral Gables, FL 33146
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *James Eagleton* DATE: **6-5-95**
Signature and typed or printed name of signing officer or director