

**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 # **V32798 (3)**

1. Corporation Name  
**BAYSIDE PROMOTIONS, INC.**



Principal Place of Business  
**1528 19TH ST W  
BRADENTON FL 34205  
US**

Mailing Address  
**PO BOX 9628  
BRADENTON FL 34206  
US**

3. Date Incorporated or Qualified **04/30/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **5232 Conner Terr.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **P.O. Box 27026**  
Suite, Apt. #, etc.

4. FEI Number **65-0330956** Applied For Not Applicable

22 City & State  
23 **Port Charlotte, FL**

27 City & State  
28 **El Jobean**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33981** 25 Country **Charlotte** 29 Zip **33927** 30 Country **Charlotte**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'FARRELL, KEVIN  
1528 19TH ST W  
BRADENTON FL 34205**

81 Name **Kevin O'Farrell**  
82 Street Address (P.O. Box Number is Not Acceptable) **5232 Conner Terrace**  
83  
84 City **Port Charlotte** FL 85 Zip Code **33981**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Kevin O'Farrell*  
Signature, typed or printed name of registered agent, if applicable.

**Kevin O'Farrell** 4/29/96  
NOTE: Registered Agent signature required when registering. DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'FARRELL, KEVIN</b>	
STREET ADDRESS	<b>1528 19TH ST W</b>	
CITY- ST- ZIP	<b>BRADENTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>O'Farrell, Kevin</b>	
1.3 STREET ADDRESS	<b>5232 Conner Terrace</b>	
1.4 CITY- ST- ZIP	<b>Port Charlotte, FL 33981</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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: *Kevin O'Farrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kevin O'Farrell** 4/29/96  
DATE

CR2E034 (12/95)