FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V36979

(5)

BAY ESTATES AT RAINBOW LAKES, INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place	e of Business		Mailing Address		i imain distiba titia minte idnis inain nibit didit didit gibit dibit dibit dibit indi
7200 W CAMI	NO REAL		7200 W CAMINO REAL		
STE 104			STE 104		DO NOT WRITE IN THIS SPACE
BOCA RATON	I FL 33433		BOCA RATON FL 33433 US		3. Date Incorporated or Qualified
US			US		·
2 Principal P	lace of Business		2a. Majting Address		05/18/1992 4. FEI Number
21 79		ميدا	26 90 M. Pude	'n	
Sulte, Apt.	18 -aina	~qne	Suite, Apt. #, etc.	1	SR 75 Additional
22 # A				lake Or	5. Certificate of Status Desired Fee Required
City & State City & State				Pape of	6. Election Campaign Financing \$5.00 May Be
	nton Bear	1 51	28 Boxa Rator	. FL	Trust Fund Contribution Added to Fees
Zip		unity	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33437 25 U.S.A. 29 33496 30 U.S.A. Personal Property Tax due June 30. [] Yes [] No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
PUDER, MICHAEL 81 Name Michael Puder					
TOTAL STATE OF ALL					
STE 104					Address (P.O. Box Number is Not Acceptable) 8 4 1 9 Twin - 4 & Pr
	CA RATON FL 33	100		83	
60	of midine so	abo			
	V			84 City	oca Raton FL 85 Zip Code 33446
84 City Boca R410n FL 85 Zip Code 33446 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 re	egistered agent, or,	both, in the State	of Florida. Such change was a	uthorized by the corp	poration's board of directors. I hereby accept the appointment as registered
•	m familiar with, inci	Eccept trie dolige	tione of, Section 607,0505, Flor	nga Statutes.	4/2/60
SIGNATURE Signature, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
TITLE	PTDS		DELETE	1.1 TITLE	Change Addition
NAME	PUDER, MICH	AEI.		1.2 NAME	, 1.44 A
STREET ADDRESS		NO REAL STE	104	1.3 STREET ADDRESS	gyiq Twin Lake Dr- Boca Raton, FL 83496
CITY+ST-ZIP	BOCA BATON		101	1.4 CITY-ST-ZIP	ance Reton FL 83496
TITLE	2001. 2.101		DELETE	2.1 TITLE	Change Addition
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	•
CITY-ST-ZIP				2. 4 CITY - ST - ZIP	
TITLE			DELETE	3.1 TITLE	Change Addition
NAME				3.2 NAME	-
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZiP	
TITLE			DELETE	4.1 TITLE	Change Addition
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE	7		DELETE	5.1 TITLE	Change Addition
NAME	. •		—	5.2 NAME	, ,
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE	 		☐ DELETE	6.1 TITLE	Change Addition
NAME			<u></u>	6.2 NAME	mont every get boot (1999) to 1
				6.3 STREET ADDRESS	
STREET ADDRESS					
City-St-ZiP	ertify that the inform	nation supplied wi	th this aling does not qualify for	the exemption state	Led in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annual repo	rt or supplementa	annial report is true and accu	rate and that my sig	mature shall have the same legal effect as if made under oath, that I am an
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 attact ment with an address.					
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