

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V63770** (4)  
1. Corporation Name  
**EAST BAY ENTERPRISES OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>820 N.W. 57TH CT. FT LAUDERDALE FL 33309 US</b>	Mailing Address <b>820 N.W. 57TH CT. FT LAUDERDALE FL 33309 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1631 S. Dixie Hwy Suite, Apt. #, etc. F-3 Pompano Beach, FL Zip 33060 Country USA</b>		2a. Mailing Address <b>1631 S. Dixie Hwy Suite, Apt. #, etc. F-3 Pompano Beach FL Zip 33060 Country USA</b>		3. Date Incorporated or Qualified <b>09/10/1992</b>
23. City & State <b>Pompano Beach, FL</b>		27. City & State <b>Pompano Beach FL</b>		4. FEI Number <b>65-0365502</b>
24. Zip <b>33060</b>		29. Zip <b>33060</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Country <b>USA</b>		30. Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
26. City & State <b>Pompano Beach, FL</b>		31. City & State <b>Pompano Beach, FL</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>POOLE, LEONARD 2201 NE 88 ST LIGHTHOUSE POINT FL 33084</b>		10. Name and Address of New Registered Agent <b>Leonard Poole 2449 NE 21st Ave Lighthouse Pt FL 33064</b>	
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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 **Leonard Poole** **LEONARD POOLE** **4/30/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POOLE, LEONARD</b>		1.2 NAME <b>Leonard Poole</b>	
STREET ADDRESS <b>820 N.W. 57TH CT.</b>		1.3 STREET ADDRESS <b>1631 S. Dixie Hwy, F3</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		1.4 CITY-ST-ZIP <b>Pompano Beach, FL 33060</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POOLE, MILLIE</b>		2.2 NAME <b>Millie Poole</b>	
STREET ADDRESS <b>820 N.W. 57TH CT.</b>		2.3 STREET ADDRESS <b>1631 S. Dixie Hwy, F3</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		2.4 CITY-ST-ZIP <b>Pompano Beach, FL 33060</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Leonard Poole** **LEONARD POOLE** **4/30/98** **7547852700**

CR2E034 (10/97)