


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749323 (2)
1. Corporation Name
5010 BAYSHORE CONDOMINIUM, INC.



Principal Place of Business 5010 BAYSHORE BLVD. TAMPA FL 33611	Mailing Address 5010 BAYSHORE BLVD. TAMPA FL 33611
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3. Date Incorporated or Qualified
10/15/1979

4. FEI Number 50-1968869	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WILSON, HOYLE
5010 BAY SHORE BLVD #11
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name Gilmer Nix
82 Street Address (P.O. Box Number is Not Acceptable) 5010 Bay Shore Blvd., #1
83
84 City Tampa
85 State FL
86 Zip Code 33611

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/5/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BENTLEY, LAURA		1.2 NAME Nix, Gilmer	
STREET ADDRESS 5010 BAYSHORE BLVD #3		1.3 STREET ADDRESS 5010 Bay Shore Blvd., #1	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa, FL, 33611	
TITLE DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ORCUTT, GREG J		2.2 NAME Keen, Nell	
STREET ADDRESS 5010 BAYSHORE BLVD #11		2.3 STREET ADDRESS 5010 Bay Shore Blvd., #9	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, FL, 33611	
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARMISTED, DOTTIE		3.2 NAME DeWaart, Hendrikus	
STREET ADDRESS 5010 BAYSHORE BLVD #4		3.3 STREET ADDRESS 5010 Bay Shore Blvd., #10	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Tampa, FL, 33611	
TITLE DS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRETT, MURRAY		4.2 NAME	
STREET ADDRESS 5010 BAYSHORE #2		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
TITLE DP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, HOYLE		5.2 NAME	
STREET ADDRESS 5010 BAYSHORE BLVD #11		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, NANCY		6.2 NAME	
STREET ADDRESS 5010 BAYSHORE BLVD #6		6.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)