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

PROFIT CORPORATION ANNUAL REPORT

1998

22

24

City & State

SIGNATURE:

Zip



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000003696 (1)

ANDREW BAUMANN BUILDER, INC.

Country

9. Name and Address of Current Registered Agent

25

BAUMANN, ANDREW

AAAA CIN 71CT AVE

| Principal Place of Business                        | Mailing Address<br>4444 S.W. 71ST AVE.<br>SUITE 110<br>MIAMI FL 33155 |             |  |  |
|--|---|-------------|--|--|
| 4444 S.W. 71ST AVE.<br>SUITE 110<br>MIAMI FL 33155 |   |             |  |  |
| 2. Principal Place of Business                     | 2a. Mailing Address   | <del></del> |  |  |
| Suite, Apt. #, etc.                                | Suite, Apt. #, etc.   |             |  |  |

City & State

Zip

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## **FILED** Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

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

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

305 bb3 07b9

Not Applicable

11/12/1992

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number 65-0368074

| SUITE 110  |   |                       | 82           | 82 Street Address (P.O. Box Number is Not Acceptable) |  |        |          |              |  |  |
|--|---|-----------------------|--------------|---|--|--------|----------|--------------|--|--|
|  |   | 83                    | +            |   |  |        |          |              |  |  |
| IVII   | WII FL 33 133                                     |                       |              | ota   | <u> </u>   |        |          |              |  |  |
|  |   |                       | 84           | Ci  | City   | 85     | Zip (    | Code         |  |  |
| 11. Pursuant i   | to the provisions of Sections 607,0502 and 607,15 | 08. Florida Statutes. | the abov     | e-na  | amed corporation submits this statement for the purpose  |        | aina its | s 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |                       |              |   |  |        |          |              |  |  |
| 12.  | OFFICERS AND DIRECTORS                            | S                     | 13.          |   | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRE | CTOR     | S IN 12      |  |  |
| TITLE  | D ·   | DELETE                | 1.1 TITLE    |   |  | ☐ Ch   | ange     | Addition     |  |  |
| NAME   | BAUMANN, ANDREW                                   |                       | 12 NAME      |   |  |        |          |              |  |  |
| STREET ADDRESS   | 4444 S.W. 71 AVE., SUITE 110                      |                       | 1.3 STREET   | r addr  | DRESS  |        |          | i            |  |  |
| CITY-ST-ZIP  | MIAMI FL 33155                                    |                       | 1.4 CITY - S | ST - ZIP  | IP I   |        |          |              |  |  |
| TITLE  |   | DELETE                | 2.1 TITLE    |   |  | ☐ Ch   | алде     | Addition     |  |  |
| NAME   |   | ,                     | 2.2 NAME     |   |  |        |          | 1            |  |  |
| STREET ADDRESS   |   |                       | 2.3 STREET   |   | ORESS (village of the control of the |        |          | 1            |  |  |
| CITY-ST-ZIP  |   |                       | 2. 4 CITY-5  | ST-ZI   | IP .   |        |          | ļ            |  |  |
| TITLE  |   | ☐ DELETE              | 3,1 TITLE    |   |  | Ch     | ange     | Addition     |  |  |
| NAME   |   |                       | 3.2 NAME     |   |  |        |          |              |  |  |
| STREET ADDRESS   |   |                       | 3.3 STREET   | r addf  | DRESS  |        |          | Ì            |  |  |
| CITY-ST-ZIP  |   |                       | 3.4. CITY-5  | ST-ZI   |  |        |          | 1            |  |  |
| TITLE  | <u>, , , , , , , , , , , , , , , , , , , </u>     | DELETE                | 4.1 TITLE    |   |  | □ Ch   | ange     | Addition     |  |  |
| NAME   |   |                       | 4. 2 NAME    |   |  |        |          | 1            |  |  |
| STREET ADDRESS   |   |                       | 4.3 STREET   | ADDF  | DRESS  |        |          |              |  |  |
| CITY-ST-ZIP  |   |                       | 4.4 CITY - S | ST - ZIP  | P  |        |          | Ì            |  |  |
| TITLE  |   | DELETE                | 5.1 TITLE    |   |  | Ch     | ange     | Addition     |  |  |
| NAME   |   |                       | 5.2 NAME     |   |  |        |          | f            |  |  |
| STREET ADDRESS   | EFT ADDRESS 5.3 STF                               |                       | 5.3 STREET   | ADDF  | URESS !  |        |          |              |  |  |
| CITY-ST-ZIP  |   |                       | 5.4 CITY-S   | ST-ZIP  | ,p }   |        |          | İ            |  |  |
| TITLE  |   | DELETE                | 6.1 TITLE    |   |  | Chi    | ange     | ☐ Addition   |  |  |
| NAME   | ^   |                       | 6.2 NAME     |   |  |        |          |              |  |  |
| STREET ADDRESS   | ()  | 1                     | 6.3 STREET   | ADOF  | PRESS  |        |          | ļ            |  |  |
| CITY-ST-ZIP  | $\mathcal{A} \setminus ($                         |                       | €.4 CITY-S'  | ST-ZIP  | Р  |        |          |              |  |  |
| 14. Thereby certify that the information supplied with this filling 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 look or hupplemental 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 opportance of the receiver of the characteristic or the receiver of the characteristic or the receiver of the characteristic of the characteristic of the characteristic of the characteristic or the receiver of the characteristic or the receiver of the characteristic or the receiver of the characteristic or the characteristic or the receiver of the receiver of the characteristic or the receiver of the receive |   |                       |              |   |  |        |          |              |  |  |

Country

Name

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