

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90080 037 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000069347**  
 1. Corporation Name  
**APPLIED BUILDING DEVELOPMENT OF ORLANDO - S.T., INC.**



Principal Place of Business 8933 S. APOPKA-VINELAND RD. ORLANDO FL 32836	Mailing Address 8933 S. APOPKA-VINELAND RD. ORLANDO FL 32836
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1998	
21	22	26	27	4. FEI Number 59-3527754	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KOHN, DAVID</b> 8933 S. APOPKA-VINELAND RD. ORLANDO FL 32836				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERON, DAN		1.2 NAME		
STREET ADDRESS	330 W. 58TH ST., SUITE 5E		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIFF, AKIVA		2.2 NAME		
STREET ADDRESS	330 W. 58TH ST., SUITE 5E		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		2.4 CITY-ST-ZIP		
TITLE	DAVID KOHN - P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8933 S. APOPKA-VINELAND RD		3.2 NAME		
STREET ADDRESS	ORLANDO FL 32836		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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

542340-90331-8

P98000009347

Form **SS-4**  
(Rev. February 1998)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 59-3527754

OMB No. 1545-0003

Department of the Treasury  
Internal Revenue Service

Keep a copy for your records.

**1** Name of applicant (legal name) (see instructions)  
APPLIED BUILDING DEVELOPMENT OF ORLANDO - S.T., INC.

**2** Trade name of business (if different from name on line 1)

**3** Executor, trustee, "care of" name

**4a** Mailing address (street address) (room, apt., or suite no.)  
8933 S. Apopka-Vineland Road

**5a** Business address (if different from address on lines 4a and 4b)

**4b** City, state, and ZIP code  
Orlando, FL 32836

**5b** City, state, and ZIP code

**6** County and state where principal business is located  
Orange County, Florida

**7** Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions.)  
David Kohn, President (S.S. # 084-60-5079)

FYI ONLY

**8a** Type of entity (Check only one box.) (see instructions.)

Sole proprietor (SSN)

Partnership

REMIC

State/local government

Other nonprofit organization (specify)

Other (specify)

Personal service corp.

National Guard

Farmers' cooperative

Estate (SSN of decedent)

Plan administrator (SSN)

Other corporation (specify) Profit

Trust

Federal government/military

(enter GEN if applicable)

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated  
State: Florida Foreign country:

**9** Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) Corporation

Banking purpose (specify purpose)

Changed type of organization (specify new type)

Purchased going business

Created a trust (specify type)

Other (specify)

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type)

**10** Date business started or acquired (month, day, year) (see instructions)  
August 10, 1998

**11** Closing month of accounting year (see instructions)  
12/31

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions.)

Nonagricultural	Agricultural	Household
-0-	-0-	-0-

**14** Principal activity (see instructions.) Building and Development

**15** Is the principal business activity manufacturing? Yes  No

If "Yes," principal product and raw material used

**16** To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify)  Business (wholesale)

N/A

**17a** Has the applicant ever applied for an employer identification number for this or any other business? Yes  No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name Trade name

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and State where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)  
(407) 370-6400  
Fax telephone number (include area code)

Name and title (Please type or print clearly.) David Kohn, President

Signature Date 8-18-98

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying