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

**PROFIT** 

Feb 13 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 318350 (6)**BAUMSTEIN PROPERTIES INC** Principal Place of Business Mailing Address 205 NE 16TH AVE. 205 NE 16TH AVE. P O BOX 165 GAINESVILLE FL 32602 P O BOX 165 DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32802 3. Date Incorporated or Qualified 06/28/1967 Applied For 2. Principal Place of Business 2a. Mailing Address 21 59-1197490 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip 200 Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name R1 BAUMSTEIN, MITCHELL 2009 NW 32 TERRACE Street Address (P.O. Box Number is Not Acceptable) R2 **GAINESVILLE FL 32605** 83 84 City 85 Zip Code 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 hoth, in the State of Honda. 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE 1.1 TITLE BAUMSTEIN.MITCHELL NAME 1.2 NAME 2009 NW 32 TERRACE STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 14 City-St-ZiP DELETE Addition THILE 21 TITLE **BAUMSTEIN, JACK** NAME 2.2 NAME 1516 ANCHOR COURT STREET ADDRESS 2 3 STREET ADDRESS ORLANDO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 31 TITLE Change TITLE LICHTER.IDELLA NAME 3.2 NAME 309 NW 32ND ST. 3.3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE \_\_\_ Addition 4 1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Addition THLE 5.1 TITLE Change NAME 5 2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 suppliemental 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 trustice 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 or an attachment with an address 15 february 15 februar

FLORIDA DEPARTMENT OF STATE

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