Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90017 008 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # F15711**

1. Corporation	n Name									
CARL NI	SSENBAUM, INC.							:BB(:16) 6:6:		nder Branc (48)
Principal P ace of Business Mailing Address						4 BB 00 101 101		1861 HOI BIE	I QIBII BIBII BIBII B	
% CARL NISSENBAUM % CARL NISSENBAUM										
1609 WOODCHUCK CT 1609 WOODCHUCK CT WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708			18			DO NOT WRITE IN THIS SPACE				
WHITE OF IMAGE IE SELO			••			3. Date Incorporated or Qualifed				
						01/22/1981				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	r lied For
ज ·		26			59-2050347			No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status	Desired		\$8.75	, ,	
22		27				J. Octate ate of ottate			Fee Re	cuired
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust F und Contrib	ution		Added t	r Fees
Zip	Cour try	Zip		untry		8. This corporation owes the current year				
24	25	29	30			Persor al Property			Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Addres	S OT NEW	Registere	a Agent	
NIICO	SENBAUM, CARL			01	иапте					
	WOODCHUCK CT			82	Street Acc	ress (P.O. Box Number is	Not Accep	table)		
	TER SPRINGS FL 32708			00						
*****	TEN OF HINGO I E 32100			83						
				84	City			F	85 Zip (Code
11 Duranant	to the provisions of Sc ctions 607.0502	2 and 607 1508 Florida Statu	tes the s	hove	e-named ccr	poration submits this states	nent for the	nurnose	of changing its	registered
office or r	registered agent, or bo h, in the State of m familiar with, and accept the obligat	of Florida, Such channe was :	authorize	d bv	the comorat	ion's board of cirectors. I h	ereby acce	ot the app	ointment as re	g stered
SIGNATURE	, , ,	,								
	Signature, typed or printed name of registered agen		<u>-</u> _		t signature requi	ed when reinstating)		DATE		
12.		OFFICERS AND DIRECTORS				ADDITIONS/CHANG	SES TO O	FFICERS		Addition
TITLE	PD	☐ DELETE	1.2 NAM						Change	☐ Addition
NAME	NISSENBAUM, CARL				İ					
STREET ADDRE 35	1609 WOODCHUCK CT		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	VINTER SPRINGS FL			1.4 CITY-ST-ZIP					Change	Addition
TITLE	SD ALICO ENDALINA OF DALIDINE	□ DELETE		2.1 TITLE					Change	
NAME	NISSENBAUM, GERALDINE		2.2 NAME		1					
STREET ADDRE 3S	1609 WOODCHUCK CT		2.3 STREE		- 1					į
CITY-ST-ZIP	WINTER SPRINGS FL			2. 4 CITY-ST-ZIP 3.1 TITLE					Change	Addition
TITLE		☐ DELETE							onlinge	
NAME			3.2 NAME							
STREET ADDRESS				33 STREET ADDRESS 34 CITY-ST-ZIP						
CITY-ST-ZIP		DELETE			1-ZIP				Change	Addition
TITLE		U DELETE	4.1 T							
NAME				NAME TOCK	ADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- 5.1 TITLE		-211				☐ Change	Addition
NAME (☐ DELETE		AME						
			4		ADDRESS					
STREET ADDRESS				HY-SI	1					
TITLE		☐ DELETE	61 T		+				Change	Addition
NAME			6.2 N	AME					_ •	_
STREET ADDRESS					ADDRESS					

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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 365-5135