FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

| ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS | | | | | | | |
|--|---|--|--|------------------------------------|---|----------------------------------|--|
| DOCUN 1. Corporation | MENT # H372 9 | 2 (0) | | | | | |
| | BAUM CONSTRUCTION, II | NC. | | | 1 1481811 8284 11111 18818 11111 18818 | 150 81851 B1814 B | |
| | | | | | | | |
| Principa! Place | of Business | Mailing Address | Mailing Address | | (| |)411 G1917 G1911 G1911 19E1 |
| 1919 NE 45 S SUITE 115 | TREET | 1919 NE 45 STREET SUITE 115 | | | | | |
| FT. LAUDERD | ALE FL 33308 | FT. LAUDERDALE FL. | 33308 | | 3. Date Incorporated or Qualified | 3a. Date o | f Last Report |
| US | | US | | | 01/09/1985 | 06/2 | 28/1995 |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | 4. FEI Number 59-2516310 | | Applied For |
| Suite, Apt. # | t, etc. | Suite, Apt. #, etc. | and the control of th | | | | Not Applicable \$8.75 Additional |
| 2 | | 27] | · l · · · · · · · · · · · · · · · · · · | | Certificate of Status Desired | | Fee Required |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip | Country | 28] 2 _(p) | Count | η | This corporation has liability for | | |
| | 25 | 29 | 30 | | Florida Statutes X Yes | ; □No | |
| | 9. Name and Address of Curre | nt Registered Agent | | 1 Name | 10. Name and Address of New F | tegistered Ag | jent |
| TANIEND | ALIM DODCOT C | | | | | | |
| Tanenbaum, Robert S. 7944 S.W. 5 Street - | | | | 2 Street Addr | ress (P.O. Box Number is Not Acceptated 5 4 DORSON WA | ole) 1 – 1 | |
| N. LAUDERDALE FL 33068 | | | | 3 | S 4 DURSON TO | <u></u> | |
| | | | l a | 4 City | | | 85 Zip Code |
| | | | 1 | \perp \sim ν | elray Beach | FL | つ マタケド |
| Pursuant to or registere | o the provisions of Sections 607.050 ed agent, or both, in the State of Flor | 2 and 607.1508, Florida Statu ida. Such change was authori: | tes, the above zed by the co | e-named corpor rporation's boar | ration submits this statement for the puriod of directors. I hereby accept the app | rpose of chang ointment as re | jing its registered office gistered agent. I am |
| | h, and a contine obligations of, Sec | tion £07.0505, Florida Statute | | | La Dus | 41.60 | |
| SIGNATURE _ | Signature, typical opprinted name of registered ager | ni and the françoicable (N | Z りまる OTE: Registered A | gent signature require | d when reinstating) | 1/2471 | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | |
| TITLE NAME | PST Tanenbaum, Robert S. | ☐ DETELE | 1 1 THTU 12 NAM | | | U | Change Addition |
| STREET ADORESS | 1919 NE 45 STREET, SUITE | 115 | | ELI ADDRESS | | | |
| CITY - \$1 - ZIP | FT. LAUDERDALE FL | | 1.4 CITY | -ST-ZIP | | | |
| ITLE | DELETE | | 2 1 7171 | F. | | | Change Addition |
| NAME | | | 2.2 NAM | | | | |
| STREET ADDRESS DITY-ST-ZIP | | | | -ST-ZIP | | | |
| ITLE | DELETE | | 3 1 TITE | | | | Change Addition |
| L AME | | | 3.2 NAM | !E | | | |
| STREET ADDRESS | , | | | EET ADDRESS | | | |
| CITY-ST-ZIP | | DELFTE | 3.4 CITY 4. 1 TiTL | -ST-ZIP | | | Change |
| NAME | | E CECCIE | 4.2 NAM | | | | |
| STREET ADDRESS | | | | EFT ADDRESS | | | |
| CITY-ST-ZIP | | | | -ST-7IP | W | | A. F. |
| TITLE | | DELETE | 5 1 THI | Į. | | | Change |
| NAME STREET ADORESS | | | 5.2 NAN 5.3 STRI | EET ADDRESS | | | |
| CITY-ST-ZIP | | | | -S1-7IP | | | |
| TITLE | | | 6 11111 | | | Change | |
| NAME | | | 6 2 NAN | | | | |
| STREET ADDRESS | | | | EFT ADDRESS | | | |
| CITY-ST-ZIP 14. I do hereb | Large of the control | with this filing is voluntarily fur | | '-ST-ZIP oes not qualify t | for the exemption stated in Section 119 |).07(3)(k), Florid | da Statutes. I further |
| certify that | Éthe information indicated on this and | oual report or supplemental an | nual report is: | true and accura | ate and that my signature shall have the is report as required by Chapter 607, F | e same legal ef | ffect as if made under |
| appears in | Block 12 or Block 13 inchanged, or | on an attachment with an add | dress | | / 1 | / | |
| SIGNAT | TIRE! KY)- | | Kus | est /AM | when fles 4/24 | 196 | |
| ,.WITC | SIGNATURE AND TYPED | OR PRINTED NAME OF SIGNING OFFIC | CER OR DIRECTO | DR | Dalo | - Day! | true Phone # |