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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996	2 marger 7	cretary of State OF CORPORATIONS			
1. Corpor	CUMENT # H787	34 (1)				
RIN	dner Building and Desig	SN, INC.				
Osinoi est E		··		i <b>i î î</b> î î î î î î î î î î î î î î î î î	Bibl didil bibli bibli dibli didil didil bibli bibli	
Principal Place of Business  1200 CLINT MOORE RD STE 10 BOCA RATON FL 33487 US		Mailing Address  1200 CLINT MOORE RD  STE 10  BOCA RATON FL 33487 US				
						2. Principa
21		[26] Walling Address		4. FEI Number	Applied For	
Suite, A	pt. #, etc.	Surte, Apt. #, etc.		59-2602120	Not Applicable	
City & S	itale	27		<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional	
23		City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be	
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Foor	
24	9 Name and Add	29	30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 100 nap	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Ro	Distered Agent	
RINDN	IER, MARTIN		81 Name		- Brottod Agent	
20110 BOCA W DR			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
BOCA	RATON FL 33434		83			
11. Pursuan	t to the provisions of Southern coz one		84 City		85 Zip Code	
or regist familiar v	ered agent, or both, in the State of Flori	r and 607.1508, Florida Statul da. Such change was authori.	les, the above named corpored by the corporation's tree	ration submits this statement for the purp rd of directors. Thereby accept the appoi	Ose of changing its registered office	
SIGNATURE	man, and accept the obligations of, Sect	ion 607.0505, Florida Statute:	s.	rd of directors. Thereby accept the appoi	ntment as registered agent. I am	
12.	Signature, typied or printed name of registered agent	and the Papplicable 199	PE Registered Agent signature require	, in the second second		
TULE	DP OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE TO COLOR OF COLOR	
NAME	RINDNER, MARTIN	☐ DELETE	1. 1 TITLE		Change Addition	
STREET ADDRESS	20110 BOCA WEST DR		1.2 NAME			
CITY-ST ZIP	BOCA RATON FL		1 3 STREET ADDRESS			
TITLE NAME		DELETE	2 1 TILLE			
STREET ADDRESS			2.2 NAME		Change Addition C	
City-St-Zip			2.3 STREET ADDRESS			
TUTLE		DELETE	2 4 C+1Y-S1-Z/P			
NAME	1	5000	3 1 TITLE 32 NAME		☐ Change ☐ Addition	
STREET ANDRESS			3.3 STREET ADDRESS			
CHY-SI-ZIP TITLE			3 4 C/TY - ST - Z/P			
NAME		☐ DELETE	4 1 TIPLE		Change Addition	
STREET ADDRESS			4.2 NAME		Change Addition	
CITY-SI-ZIP			4.3 STREET ADDRESS			
litle -		DELETE	44C-TY-ST-Z-P 5 1 TILLE			
NAME			5.2 NAME		Change Addition	
STREET ADDRESS CITY+ST-ZIP			5387REELADORESS			
ICLE I			5.4.C-TY-ST-ZiP			
AME		DELETE	6 1 TITLE		Change Addition	
IREET ADDRESS			62 NAME			
11Y-S1-ZIF			63 STREET ADDRESS 64 CHY-ST-ZiP			
→ Luo nereby	certify that the information supplied with	this films is well-stand for			ļ	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-995-0280