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

PROFIT CORPORATION ANNUAL REPORT

1999

RINDNER BUILDING AND DESIGN, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90087 017 ***158.75

Principal Place	of Business		Mailing Address				1 1081911 0	(1) 140E) 10111 10640 11	ISOL MUNI MAN. I MI	B 14 B 1811)(8 1811 (89 1	
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							3. Date ir corpor						
2 Princina DI	ace of Rusiness		2a. Mailing Address				4. FEI Number	<i>.</i>			Apri	ied For	1
2. Principa Place of Business			26				59-2602120			Not Applicable			
Suite, Apt. #, etc. 242			Suite, Apt. #, etc.			5. Certificate of S	Status Desired		\$8.75 Additional Fee Recuired				
City & State			City & State			6. Election Cam Trust Fund Co	-	ncing \$5.00 May Be Added to Fees					
Zip	Country		Zip Cou		untry		8. This corporation owes the current year						
24	25 29		29	30			Personal Prop	erty Tax.		☐ Yes	s [!	No	1
	9. Name and Addre	ss of Current	Registered Agent		L,		10. Name and A	ddress of New F	Registered /	Agent			4
nu n	AICO MARTINI				81	Name							
RINDNER, MARTIN 20110 BOCA W DR					82	Street Add	Acdress (P.O. Box Number is Not Acceptable)		able)				1
	A RATON FL 33434				83								1
					84	City				85	Zip C	ode	-
						•			_FL		· 		
office or re	egistered agent, or borh,	in the State of	and 607.1508, Florida Statu Florida. Such change was ons of, Section 607.0505, Flo	authorize	1 by	the corpor≨1	poration submits this stion's board of cirector	statement for the s. I hereby accep	purpose of ot the appoin	changi itment	ng its re as reg	egistered stered	
SIGNATURE													
SIGNATURE	Signature, typed or printed name	of registered agent	and title if applicable (NOT	:: Registered	Agen	t signature requ	red when reinstating)		DATE				J 6
12.		FICERS AND		13.			ADDITIC/NS/CI	HANGES TO OF	FICERS AN				1 5
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NAME				62 N									
STREET ADDRESS				6.3 \$	REET	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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

1350

SIGNATURE:

SIGNATU TE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phas