SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

APPROVED AND FILED
94 JUN 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1994**	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M19175 (2)

1. Corporation Name
LAW OFFICES OF RON L. BAUM, P.A.

Mailing Address	Principal Place of Business
~~409 S.E. 7TH STREET~~	~~409 S.E. 7TH STREET~~
FORT LAUDERDALE FL 33301	FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 633 S.E. 3rd Ave	26 633 S.E. 3rd Ave.
Suite, Apt. #, etc. 22 Suite 302	Suite, Apt. #, etc. 27 suite 302
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: **08/09/1985**
3a. Date of Last Report: **03/12/1993**
4. FEI Number: **59-2569294** — Applied For / Not Applicable
5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☐
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BAUM, RON L.
~~409 SOUTHEAST 7TH ST.~~
FORT LAUDERDALE FL ~~33316~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 633 S.E. 3rd Ave.
83 Suite 302
84 City FL 85 Zip Code 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 or 617.0503, Florida Statutes.

SIGNATURE ______

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	P/D	1 1 TITLE	
1 2 NAME	BAUM, RON L.	1 2 NAME	
1 3 STREET ADDRESS	~~409 S.E. 7TH STREET~~	1 3 STREET ADDRESS	633 S.E. 3rd Ave, suite 302
1 4 CITY ST ZIP	FORT LAUDERDALE FL	1 4 CITY ST ZIP	
2 1 TITLE		2 1 TITLE	
2 2 NAME		2 2 NAME	
2 3 STREET ADDRESS		2 3 STREET ADDRESS	
2 4 CITY ST ZIP		2 4 CITY ST ZIP	
3 1 TITLE		3 1 TITLE	
3 2 NAME		3 2 NAME	
3 3 STREET ADDRESS		3 3 STREET ADDRESS	
3 4 CITY ST ZIP		3 4 CITY ST ZIP	
4 1 TITLE		4 1 TITLE	
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5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY ST ZIP		5 4 CITY ST ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY ST ZIP		6 4 CITY ST ZIP	

14. 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)(n), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/10/94 (305) 463 6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR