


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000101	
1. Entity Name BAUER BISGEIER FOUNDATION, INC.	

Principal Place of Business 4113 NW 53RD STREET BOCA RATON, FL 33496	Mailing Address 4113 NW 53RD STREET BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0967296	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SULZBERGER, ERIC W 1090 KANE CONCOURSE, STE. 201 BAY HARBOUR ISLANDS, FL 33154
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000101696
04/02/04-80024-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME BAUER, MILLICENT
STREET ADDRESS 4113 NW 53RD STREET	CITY - ST - ZIP BOCA RATON, FL 33496
TITLE TD	NAME BAUER, BENJAMIN
STREET ADDRESS 4113 NW 53RD STREET	CITY - ST - ZIP BOCA RATON, FL 33496
TITLE SD	NAME BAUER, JEFF
STREET ADDRESS 4 THOMAS RD	CITY - ST - ZIP DANVERS, MA 33180
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Millicent Bauer - President</i> 3/30/04 561-443-7781	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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