

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000022916 (9)

1. Corporation Name

BALDWIN ENTERPRISES, INC.

Principal Place of Business

370 W COCA BEACH CSWY
COCOA BEACH FL 32931

Mailing Address

370 W COCA BEACH CSWY
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/25/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3174965

Applied For
 Not Applicable

21

26

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALDWIN, C D
370 W COCOA BEACH CSWY
COCOA BEACH FL 32931**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

11 TITLE

Change Addition

NAME

BALDWIN, C D

12 NAME

STREET ADDRESS

370 W COCOA BEACH CSWY

13 STREET ADDRESS

CITY - ST - ZIP

COCOA BEACH FL 32931

14 CITY - ST - ZIP

TITLE

21 TITLE

Change Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE

31 TITLE

Change Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE

41 TITLE

Change Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE

51 TITLE

Change Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

61 TITLE

Change Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 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 110.07(3)(b), 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name 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

6-7-95 467 784 9737

Date

Signature Printed

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN 1993 10 01 10

DOCUMENT # **P93000023039 (9)**

1. Corporation Name

COCO PLUM HOTEL AND LODGING CORP.

Principal Place of Business

Mailing Address

3519 BAYSHORE VILLAS DRIVE
COCONUT GROVE FL 33133-3254

3519 BAYSHORE VILLAS DRIVE
COCONUT GROVE FL 33133-3254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1993** 3a. Date of Last Report **07/21/1994**

4. FEI Number **65-0405968** 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **109 COCO PLUM DRIVE**

26 **109 COCO PLUM DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MARATHON, FL**

28 **MARATHON, FL**

Zip

Country

Zip

Country

24 **33050**

25

29 **33050**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVITT, MORRIS
3519 BAYSHORE VILLA DRIVE
COCONUT GROVE FL 33133

B1 Name

B2 Street Address (P O Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

(Signature of present holder of registered agent and fee # 4495404)

(Signature of Registered Agent, signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PSTD**
NAME **LEVITT, MORRIS D**
STREET ADDRESS **3519 BAYSHORE VILLAS DRIVE**
CITY ST ZIP **COCONUT GROVE FL 33133-3254**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY ST ZIP

V.P. Director
LEVITT, ALLEN
109 COCO PLUM DR. #4
MARATHON, FL 33050 Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. 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(2)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addendum forward with an address.

SIGNATURE:

Allen Levitt

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

305-322-2280