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

APPROVED AND FILED

95 APR 20 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040322 (8)**

1. Corporation Name
F.B. ENGELHARDT & CO., INC.

Principal Place of Business	Mailing Address
100 SE SECOND STREET SUITE 2100 MIAMI FL 33131	100 SE SECOND STREET SUITE 2100 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 7209 PROMENADE DR	26 7209 Promenade Dr
Suite, Apt. #, etc. 22 D-601	Suite, Apt. #, etc. 27 D-601
City & State 23 BOCA RATON, FL	City & State 28 Boca Raton, FL
Zip 24 33433	Zip 29 33433
County 25 Palm Beach	County 30 Palm Beach

4. FEI Number: 65-0446661 ☐ 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

9. Name and Address of Current Registered Agent

ENGELHARDT, DARIN S
100 SE SECOND STREET
SUITE 2100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: F.B. Engelhardt
82 Street Address (P.O. Box Number is Not Acceptable): 7209 Promenade Drive
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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: Forman B. Engelhardt — FORMAN B. ENGELHARDT 3/15/95
(Signature, Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	ENGELHARDT, FORMAN B	12 NAME	FORMAN B. ENGELHARDT	
STREET ADDRESS	110-50 71ST ROAD	13 STREET ADDRESS	7209 Promenade Dr.	
CITY ST ZIP	FOREST HILLS NY 11375	14 CITY ST ZIP	BOCA RATON, FL 33433	
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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Forman B. Engelhardt, Pres. 3/15/95 407-394-3878
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #
FORMAN B. ENGELHARDT 3/15/95

0127708 CP