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 MAR 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021926 (8)**

1. Corporation Name

BEDFORD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
% ROBERT S. KLEINMAN P.A. 1701 W. HILLSBORO BLVD., SUITE 207 DEERFIELD BEACH FL 33442	% ROBERT S. KLEINMAN P.A. 1701 W. HILLSBORO BLVD., SUITE 207 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3900 North Hills Drive	26 3900 North Hills Drive
Suite, Apt. #, etc. 22 101	Suite, Apt. #, etc. 27 101
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33021 / 25 US	Zip / Country 29 33021 / 30 US

4. FEI Number: 65-0483676 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of new registered agent) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & Treasurer	11 TITLE	☐ Change ☑ Addition
NAME	J. Ari Kirschenbaum	12 NAME	
STREET ADDRESS	3900 North Hills Drive, Ste 101	13 STREET ADDRESS	
CITY ST ZIP	Hollywood, FL 33021	14 CITY ST ZIP	
TITLE	Secretary	21 TITLE	☐ Change ☑ Addition
NAME	Thomas A. Korman	22 NAME	
STREET ADDRESS	222 N. LaSalle St.	23 STREET ADDRESS	
CITY ST ZIP	Chicago, IL 60601	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	

3/24

14. I/We 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 above, or on an attachment with an addition.

SIGNATURE: Thomas A Korman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-95
Date

(312)236-3003
Daytime Phone #

0000143 CP