PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000016849**1. Corporation Name

BAXTON CORPORATION

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90006 049 ***150.00



Principal Place of Business Mailing Address							f IMBilant ien enent deter maret aufer nater nater nater	II WI W WELST CHILD	
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FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL			326			DO NOT WRITE IN THIS SPACE			
						_	Date Incorporated or Qualifed	SPACE	
						3.	03/01/1995		
O Driveis at Di	ace of Business	2a. Mailing Address					FEI Number	TÄ	oplied For
— ·	ace of Business	<u> </u>				" .	65-0565409		lot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #,			. #, etc.						Additional
22	#, oto.	— · · ·	27			5.	Certifcate of Status Desired	•	tequired
City & State	9	City & State			~ ~,	- 6.	Election Campaign Financing	- \$5.00	May Be
23	,	28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	itry		8.	This corporation owes the current year in	angible	
24	25	29	30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10.	Name and Address of New Registered	Agent	
PDEI	T DICHADD H			81 N	ame				
	it, richard h Stirling road		82 S1	treet Addre	ss (F	P.O. Box Number is Not Acceptable)			
	T LAUDERDALE FL 33312								
FUN	LAUDENDALE FL 33312			83					
	·		Ì	84 Ci	ity		FL	85 Zip	Code
- -									n societored
office or re	edistered agent, or both, in the State	of Florida. Such change was at	ıtnonzea	DV INO	med corpor corporation	ratioi 1's bo	n submits this statement for the purpose of oard of directors. I hereby accept the appoint	ntment as r	egistered
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statu	tes.					
CICNIATUDE									l l
SIGNATURE							- DATE		
	Signature, typed or printed name of registered age			Agent sign	nature required			D DIRECT	ORS IN 12
12.	OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered				reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECT	
12.	OFFICERS AF	ND DIRECTORS	13.	E	D,	, P	ADDITIONS/CHANGES TO OFFICERS AF		
12. TITLE	OFFICERS AND TONAZZI, CARLO	ND DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME	D,	, P ona	ADDITIONS/CHANGES TO OFFICERS AF		
12. TITLE NAME STREET ADDRESS	D TONAZZI, CARLO 335 CAMBRIDGE DRIVE	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE VIE REET ADD	D, TO	, P ona	additions/changes to officers and azzi Carlo S. Cambridge Drive		
12. TITLE	OFFICERS AND DESCRIPTION OFFICERS AND DESCRIPT	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET ADD Y-ST-ZIP	D, TC	P ona	ADDITIONS/CHANGES TO OFFICERS AF		Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D TONAZZI, CARLO 335 CAMBRIDGE DRIVE FORT LAUDERDALE FL TSD	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET ADD Y-ST-ZIP LE	D, TO PRESS 33 Ft	P ona 35	additions/changes to officers and azzi Carlo S. Cambridge Drive Lauderdale., FL	⊠ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D TONAZZI, CARLO 335 CAMBRIDGE DRIVE FORT LAUDERDALE FL TSD LAYRISSE, MARIA E	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	LE ME REET ADD Y-ST-ZIP LE	D, TC 33 Pt TS	P ona 35 ED ona	azzi Carlo S. Cambridge Drive Lauderdale., FL azzi, Xanitxio	Change	Addition
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14. I hereby certify that the information supplied with this filing 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 of 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, with all other like empowered.