FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000033237 (5)**

1. Corporation Name

BAIN'S INVESTMENTS, INC.

Principal Place of Business

455 LONGBOAT KEY ROAD
PENTHOUSE 4
LONGBOAT KEY FL 34228

Mailing Address

455 LONGBOAT KEY ROAD
PENTHOUSE 4
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified: 04/26/1995

3a. Date of Last Report:

4. FEI Number: 65-0578079 — Applied For / Not Applicable

2. Principal Place of Business
21 1345 Main St
22 Suite, Apt. #, etc.
23 City & State: Sarasota Fl
24 Zip: 34236 — 25 Country

2a. Mailing Address
26 1345 Main St
27 Suite, Apt. #, etc.
28 City & State: Sarasota Fl
29 Zip: 34236 — 30 Country

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**

KAUFMAN, MARK S
455 LONGBOAT KEY ROAD
PENTHOUSE 4
LONGBOAT KEY FL 34228

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 — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LANDSMAN, GARY B	
STREET ADDRESS	~~352 GALLOP WOOD PLACE~~ 5844 Sandy Pt Dr	
CITY-ST-ZIP	GREAT FALLS VA 22066 Sarasota, Fl 34233	
TITLE	D	☐ DELETE
NAME	LANDSMAN, LAURA	
STREET ADDRESS	~~352 GALLOP WOOD PLACE~~ 5844 Sandy Pt Dr	
CITY-ST-ZIP	~~GREAT FALLS VA 22066~~ Sarasota, Fl 34233	
TITLE	D	☐ DELETE
NAME	BAND, DAVID S	
STREET ADDRESS	4100 FLAMINGO AVENUE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	☐ DELETE
NAME	BAND, MYRNA	
STREET ADDRESS	4100 FLAMINGO AVENUE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	☐ DELETE
NAME	KAUFFMAN, MARK S	
STREET ADDRESS	455 LONGBOAT KEY ROAD, #PH-4	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	☐ DELETE
NAME	KAUFFMAN, IRENE E	
STREET ADDRESS	455 LONGBOAT KEY ROAD, #PH-4	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)