

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000086055 (7)

1. Corporation Name

P. BAER CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

9055 IBIS BLVD.  
W. PALM BEACH FL 33412

9055 IBIS BLVD.  
W. PALM BEACH FL 33412

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 760 U.S. Highway ONE

26 760 U.S. Highway ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 304

27 Suite 304

City & State

City & State

23 North Palm Beach FLA

28 North Palm Beach, FLA

Zip

Zip

Country

Country

24 33408

25 USA

29 33408

30 USA

4. FEI Number

65-0624930

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

10. Name and Address of New Registered Agent

MACFARLAND, RICHARD B  
BROAD AND CASSEL  
7777 GLADES ROAD, SUITE 300  
BOCA RATON FL 33434

81 Name

DANIS M. Solomon P.A.

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

760 U.S. Highway ONE Suite 304

83

84

City NORTH Palm Beach

FL

85

Zip Code 33408

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]* *Joshua Mendelsohn Pres.*

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

6.07.96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME MENDELSON, JOSHUA I  
STREET ADDRESS 3 COMMODORE PLACE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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

6.13.96

Date

(561)626-0919

Daytime Phone

CR2E034 (3/96)