FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State
02-27-1999 90049 008 ***158.75

DOCUMENT # P95000086055
1. Corporation Name

P. BAER CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
760 U.S. HWY ONE SUITE 304 NORTH PALM BEACH FL 33408 US	760 U.S. HWY ONE SUITE 304 NORTH PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/08/1995

4. FEI Number	Applied For
65-0624930	Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business			2a. Mailing Address
21	SAME AS	26	SAME AS
22 Suite, Apt. #, etc.	REGISTORED	27 Suite, Apt. #, etc.	REGISTORED
23 City & State	AGENT	28 City & State	AGENT
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

SOLOMAN, DENNIS M
760 US HWY ONE
SUITE 304
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81	Name	SOLOMAN, DENNIS M
82	Street Address (P.O. Box Number is Not Acceptable)	1601 BELVEDERE RD SUITE 407 SOUTH
83		
84	City	WEST PALM BEACH FL	85 Zip Code 33406

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME MENDELSOHN, JOSHUA I		1.2 NAME	
STREET ADDRESS 1929 PORTLGE LANDING N		1.3 STREET ADDRESS	
CITY-ST-ZIP N PALM BCH FL		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: _____ JOSHUA MENDELSOHN 01.27.99 (561) 627-6020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #