

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90195 045 \*\*\*150.00

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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
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**DOCUMENT # P96000080282**

1. Corporation Name  
**PAUL A. BALDOVIN, JR., P.A.**



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| Principal Place of Business<br><b>2424 NORTH FEDERAL HIGHWAY #405</b><br><b>STE 454</b><br><b>BOCA RATON FL 33431</b><br><b>US</b> | Mailing Address<br><b>2424 NORTH FEDERAL HIGHWAY #405</b><br><b>STE 454</b><br><b>BOCA RATON FL 33431</b><br><b>US</b> |
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DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>2974 WATERFORD DR., N</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>DEERFIELD BEACH, FL</b><br>Zip Country<br>24 <b>33442</b> 25 <b>U.S.A.</b> | 2a. Mailing Address<br>26 <b>2974 WATERFORD DR., N</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>DEERFIELD BEACH, FL</b><br>Zip Country<br>29 <b>33442</b> 30 <b>U.S.A.</b> |
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|   |                                       |  |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>09/27/1996</b>  | 4. FEI Number<br><b>65-0696832</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |  |

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|---|
| 9. Name and Address of Current Registered Agent<br><b>PAUL A. BALDWIN, JR</b><br><b>2424 N FEDERAL HWY, STE 405</b><br><b>STE 454</b><br><b>BOCA RATON FL 33431</b> |
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| 10. Name and Address of New Registered Agent<br>81 Name <b>PAUL A. BALDWIN JR.</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>2974 WATERFORD DR., N</b><br>83<br>84 City <b>DEERFIELD BEACH</b> <b>FL</b> 85 Zip Code <b>33442</b> |
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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 **1-13-99**

| 12. OFFICERS AND DIRECTORS  |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
|---|---------------------------------|---|--|
| TITLE <b>PSTD</b><br>NAME <b>BALDOVIN, PAUL A JR</b><br>STREET ADDRESS <b>2424 N FEDERAL HWY, 454</b><br>CITY-ST-ZIP <b>BOCA RATON FL 33431</b> | <input type="checkbox"/> DELETE | 1.1 TITLE <b>PSTD</b><br>1.2 NAME <b>BALDOVIN, PAUL A. JR.</b><br>1.3 STREET ADDRESS <b>2974 WATERFORD DR., N</b><br>1.4 CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:  SIGNATURE REQUIRED

DATE **1-13-99** DAYTIME PHONE # **(354) 574-0227**

CR2E034 (11/98)