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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9700(& BIEDERMAN, INC.	0008438 (8)	1- <u> </u>	 	
Principal Plac	e of Business	Mailing Address		F CONTRACTOR AND ADDRESS OF THE PROPERTY OF TH	BYLL COLLY BRUTL ORIGI INDIY OTHON UTLES 1891 1891
1900 SECOND STREET		1800 SECOND STREET			
SUITE 108		SUITE 108		DO NOT II	VRITE IN THIS SPACE
SARASOTA F	L 34236	SARASOTA FL 34236		3. Date Incorporated or Qual	
				01/23/1997	
2. Principal F	lace of Business	2a. Mailing Address		4. FEL Number	Applied For
21		26		65-016	Not Applicable
Sulte, Apt.	#, e1c.	Suite, Apt. #, etc.		5. Certificate of Status Desire	d \$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financ	\$
Zip	Country	28	Country	Trust Fund Contribution	as paid the current year Intangible
24	25	29 3	¬ ´	Personal Property Tax due	
	9. Name and Address of Curren		<u> </u>	10. Name and Address of Ne	
CH	IAPNICK, BRUCE P		81 Name	many (Bly	20
ICARD,MERRILL,CULLIS, TIMM ETAL			82 Street	Address (P.O. Box Number is Not Acc	eptable)
2033 MAIN ST., SUITE 600				Address (P.O. Box Number is Not Acc	<u> </u>
SARASOTA FL 34237			83	128	
			84 City	Constant	85 Zip Code
44 5	N	0 1007 4500 50 11 00		AKASOTA	FL 39236
• office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607 1508, Florida Statutes, of Florida, Such change was aut	, the above-nam ed Inorized by the corp	corporation submits this statement for poration's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.		2/10/08
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE F	Registered Agent signature	required when reinstaling)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
TITLE	Ď	☐ DELET E	1.1 7ITLE	PRESIDENT	Change Addition
NAME	Blum, Darren		1.2 NAME		
STREET ADDRESS	619 N LOCKWOOD RIDGE RE)	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARAASOTA FL 34237	The state of the s	1.4 CITY - ST - ZIP	- 442	
TITLE	D D	☐ DELETE	2.1 TITLE	TREASURIER	Change Addition
NAME	BIEDERMAN, JOSEPH B		2.2 NAME	,	
STREET ADDRESS	4404 HIGEL AVENUE SARASOTA FL 34242		2.3 STREET ADDRESS		
CHY-ST-ZIP TITLE	SAMSOTA FL 34242	DELETE	2. 4 CITY - ST - ZIP 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		Britze	4.4 CITY-ST-ZIP		0
TITLE		☐ DELETE	5.1 TITLE		Change Addition
HAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		□ bettere	6.2 NAME		_ Juango _ nadmon
STREET ADDRESS			6.3 STREET ADDRESS		
STUCE I MODINE 92			0.0 STREET ADDRESS		

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 it 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: V MANOS Mum

/1/28/98

FILED

Feb 16 1998 8:00am

Secretary of State