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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90016 038 ***158.75

DOCUMENT # **P9700052802V**

1. Corporation Name
Baldwin Ross Associates, Inc.

Principal Place of Business Mailing Address

**10 Fairway Drive, Ste. 111
Deerfield Beach, FL 33441**

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

10 Fairway Drive

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

111

27

City & State

City & State

Deerfield Beach, FL

28

Zip

Country

Zip

Country

33441

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Joshua Gustin, Esq.
1515 N. Federal Highway, Ste. 300
Boca Raton, FL 33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Jeffrey Gustin** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **10 Fairway Drive, Ste 111**

1.2 NAME

STREET ADDRESS **Deerfield Beach, FL 33441**

1.3 STREET ADDRESS

CITY-ST-ZIP **Deerfield Beach, FL 33441**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

2.2 NAME

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

7.2 NAME

STREET ADDRESS ☐ DELETE

7.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

8.2 NAME

STREET ADDRESS ☐ DELETE

8.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

9.2 NAME

STREET ADDRESS ☐ DELETE

9.3 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

9.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

Daytime Phone #

CR2F034 (11/98)