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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000069347

1. Corporation Name

APPLIED BUILDING DEVELOPMENT OF ORLANDO - S.T., INC.

Principal Place of Business

8933 S. APOPKA-VINELAND RD.
ORLANDO FL 32836

Mailing Address

8933 S. APOPKA-VINELAND RD.
ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1998

4. FEI Number

59-3527754

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required
6. Election Campaign Financing ☐
\$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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

KOHN, DAVID
8933 S. APOPKA-VINELAND RD.
ORLANDO FL 32836

10. Name and Address of New Registered Agent

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, g

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
D
GUERON, DAN
330 W. 58TH ST., SUITE 5E
NEW YORK NY 10019
TITLE ☐ DELETE
D
SCHIFF, AKIVA
330 W. 58TH ST., SUITE 5E
NEW YORK NY 10019
TITLE ☐ DELETE
DAVID KOHN - P
8933 S. APOPKA-VINELAND RD
ORLANDO FL 32836
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

542340-90331-8

P98000009347

Form **SS-4**
(Rev. February 1998)**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 59-3527754

OMB No. 1545-0003

▶ Keep a copy for your records.

Department of the Treasury
Internal Revenue Service

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
APPLIED BUILDING DEVELOPMENT OF ORLANDO - S.T., INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
8933 S. Apopka-Vineland Road

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Orlando, FL 32836

5b City, state, and ZIP code

6 County and state where principal business is located
Orange County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions.)
David Kohn, President (S.S. # 084-60-5079)

FYI ONLY

8a Type of entity (Check only one box.) (see instructions.)

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Personal service corp.

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) ▶ **Profit**

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **Florida**

Foreign country

9 Reason for applying (Check only one box.) (see instructions.)

☒ Started new business (specify type) ▶ **Corporation**

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
August 10, 1998

11 Closing month of accounting year (see instructions.)
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions.)

Nonagricultural **-0-**

Agricultural **-0-**

Household **-0-**

14 Principal activity (see instructions.) ▶ **Building and Development**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ▶

☐ Business (wholesale)

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and State where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number
(include area code)
(407) 370-6400

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **David Kohn, President**Signature ▶  Date ▶ **8-18-98**

Note: Do not write below this line. For official use only.

Please leave blank ▶ Geo. Ind. Class Size Reason for applying