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

DOCUMENT # P98000087241

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90078 009 ***150.00

JEROME	BAUMOEHL, ARCHITECT	s and Pi	LANNERS, INC	···							
Principal Place	e of Business	Mailin	g Address) (101000) sen immer enter aftere a	anti matti matt	BI 1911) 198)W 1181?	
225 LINDA LANE WEST PALM BEACH FL 33405 225 LINDA LANE WEST PALM BEACH FL 33405					05			DO NOT WR	ITE IN THI	S SPACE	
								3. Date Incorporated or Qualifed			
								10/09/1998			
2. Principal P	lace of Business	2a. Ma	ailing Address					4. FEI Number	363	C Ar	plied For
21	<u></u>	26						65-086	1830	S No	t Applicable
Suite, Apt.	#, etc.	27 Su	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Fee Re	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be			
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country	Ziq	p	Count	try			8. This corporation owes the cur	rent year l	_	ΩN ₀
24	25	29		30				Personal Property Tax. 10. Name and Address of New	Pagietoro	∐ Yes	FINING
	9. Name and Address of Curre	ent Register	ea Agent		31	Name		10. Name and Address of New	registere	a Agent	
BAU	MOEHL, JEROME I										
225 LINDA LANE				8	32	Street Addres		ss (P.O. Box Number is Not Accept	able)		
WEST PALM BEACH FL 33405						3					
					\perp						
				8	34	City			F	B5 Zip	Code
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A			Registered A	gent	t signature r	equired v	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	AND DIRECTO	DRS IN 12
TITLE	SPD		☐ DELETE	1.1 TITL	Ε						☐ Addition
NAME	BAUMOEHL, JEROME I			1.2 NAM	Œ	j					
STREET ADDRESS				1.3 STR	EET	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 3340	5		1.4 CITY	/-ST	T-ZIP					
TITLE	DTV		☐ DELETE	2.1 TITL	E					☐ Change	☐ Addition
NAME	BAUMOEHL, GAIL I			2.2 NAM	Œ						•
STREET ADDRESS		_				ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 3340	15	☐ DELETE	2. 4 CIT		T-ZIP		<u></u>	•	☐ Change	☐ Addition
TITLE			□ pereie	3.1 TITL 3.2 NAM]				¢ago	C. 7.00.00.
NAME						ADORESS					ļ
STREET ADDRESS				3.4. CIT			ĺ				
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITL		11-211				Change	☐ Addition
NAME				4. 2 NAM							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CITY				<u> </u>			}
TITLE			☐ DELETE	5.1 TITL						Change	☐ Addition
NAME				5.2 NAM	ŧΕ						
STREET ADDRESS				4		ADDRESS					
CITY-ST-ZIP				5.4 CITY		T-ZIP					
TITLE			☐ DELETE	6.1 TITL						☐ Change	Addition
NAME				6.2 NAW							
STREET ADDRESS				6.3 STR	EET	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 if made under oath; that I am an officer or director of this 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 thanged or on an attachment with an address, with all other like empowered.

SIGNATURE