
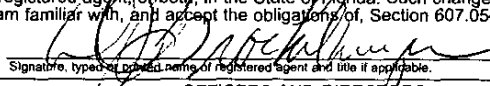


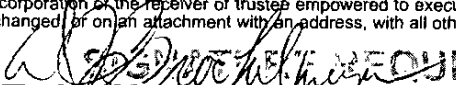
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90026 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000102019					
1. Corporation Name BAEDEKER CONSTRUCTION, INC.					
Principal Place of Business 3050 S. HOPKINS AVENUE TITUSVILLE FL 32780		Mailing Address 3050 S. HOPKINS AVENUE TITUSVILLE FL 32780			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 1870 27 Suite, Apt. #, etc. 28 City & State 29 Titusville, Fl 30 Zip Country 31		3. Date Incorporated or Qualified 12/01/1998 4. FEI Number 59-3545185 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent A.G.C. CO. 200 SOUTH ORANGE AVENUE SUNTRUST CENTER #2300 ORLANDO FL 32801			10. Name and Address of New Registered Agent 81 Name Brockelmeyer, Donna 82 Street Address (P.O. Box Number is Not Acceptable) 4990 Winchester Dr. 83 84 City Titusville FL 85 Zip Code 32780		
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  Donna Brockelmeyer Vice-President/Secretary 04/27/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME BOLAND, DAVID STREET ADDRESS 3050 S. HOPKINS AVENUE CITY-ST-ZIP TITUSVILLE FL 32780 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 6865 Riveredge Dr. 1.4 CITY-ST-ZIP Titusville, Fl. 32780 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME P/D 2.3 STREET ADDRESS Bales, Allen 2.4 CITY-ST-ZIP 2009 Sun Valley Titusville, Fl. 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME V/S 3.3 STREET ADDRESS Brockelmeyer, Donna 3.4 CITY-ST-ZIP 4990 Winchester Dr. Titusville, Fl. 32780 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

 Donna Brockelmeyer 04/27/99 (407) 269-1345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)