FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29907 (5)

1. Corporation Name

CARROLL H. BAUM & ASSOCIATES, INCORPORATED

Principal Place of Business	Mailing Address
BAUM, CARROLL H. 5434 W. SAMPLE RD., STE. 278 MARGATE FL 33073 US	5434 W. SAMPLE RD. SUITE 278 MARGATE FL 33073 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 08/04/1994
4. FEI Number: 65-0325985 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RANDALL, CHARLES P
THE COURTYARD
5301 N. FEDERAL HWY, STE. 150
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Carroll H Baum, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 4124 Coco plum Cir.
83
84 City: Coconut Creek FL 85 Zip Code: 33063

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] CPA, CFE 4/24/95 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RANDALL, CHARLES P
STREET ADDRESS	5301 N. FEDERAL HWY, STE. 150
CITY-ST-ZIP	BOCA RATON FL
TITLE	PT
NAME	BAUM, RUTH
STREET ADDRESS	4124 COCO PLUM CIR
CITY-ST-ZIP	COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	☑ Change ☐ Addition
1 2 NAME	Carroll H Baum, CPA, CFE	
1 3 STREET ADDRESS	4124 Coco Plum Cir	
1 4 CITY-ST-ZIP	Coconut Creek, Fl. 33063	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Director RA. 4/24/95

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0118384 CP