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 # **V50409**

1. Corporation Name

BAUMBACH, INC.

Principal Place of Business

Mailing Address

3001 NORTH GOLDENROD ROAD

3001 NORTH GOLDENROD ROAD

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90105 003 ***150.00



WINTER PARK FL 32792 US			WINTER PARK FL 32792 US			DO NOT WRITE IN THIS SPACE			
us		•	,,,			3. Date Incorporated or Qualifed 07/09/1992			
2. Principal Pl	ace of Business		2a. Mailing Address	•		4. FEI Number		$-\Box$	Applied For
21	. ~	26	6			59-3133072	~ .		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	5 Additional
								ree	Required
City & State			City & State			Election Campaign Financing	П		00 May Be
23			28			Trust Fund Contribution		Add	ed to Fees
Zip	Country	,	Zip	Country		8. This corporation owes the curre			
24	25	29	9 3	0		Personal Property Tax.		Yes Yes	□No
	9. Name and Addres	ss of Current Reg	gistered Agent			10. Name and Address of New Ro	egistered /	Age <u>nt</u>	
D410	ADAGU OTEDUEN			81	Name				
BAUMBACH, STEPHEN				82	82 Street Address (P.O. Box Number is Not Acceptable)				
3001 NORTH GOLDENROD ROAD									
WINT	ER PARK FL 32798			83					. (
				84	City			85 2	Zip Code
				64	City		FL	65 -	
office or re	opietorod apopt, or both	in the State of Fig	d 607.1508, Florida Statutes orida. Such change was aut of, Section 607.0505, Florid	norizea ov	tne corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of the appoir	changing ntment as	its registered s registered
SIGNATURE							DATE		
	Signature, typed or printed name	of registered agent and to FFICERS AND DI		13.	t signature requ	ADDITIONS/CHANGES TO OFF		n nirec	TORS IN 12
12.	PD	FFICERS AND DI	DELETE	1.1 TITLE		ADDITIONS/CHANGES 10 011	IOLINO AIV	Chan	
TITLE	BAUMBACH, STEPH	JEN E		1.2 NAME				_	·
NAME		IEN E.	•	1	***************************************				
STREET ADDRESS	8329 WILLOWOOD				ADDRESS				j
C/TY-ST-Z/P	ORLANDO FL			1.4 CITY-S	T-ZIP			☐ Chan	ge Addition
TITLE	SD AND A SUL AND A		☐ OCTCIE	2.1 TITLE					•
NAME	BAUMBACH, ANA I	•		2.2 NAME		لليدارين والمستعلقية والمستعلق	• •	- :	
STREET ADDRESS	*8329 WILLOWOOD		•	2.3 STREE					Į.
CITY-ST-ZIP	ORLANDO FL			2. 4 CITY-5	T-ZIP			Char	ige [1] Addition
TITLE			☐ DEFEIE	3.1 TITLE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE					ļ
CITY-ST-ZIP				3.4. CITY-5	T-ZIP			Char	nge Addition
TITLE			☐ DELETE	4.1 TITLE	-1				-9- Changa
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	TADDRESS				ì
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			Char	Addition
TITLE			☐ DELETE	5.5 TITLE	\ \			Char	ige 🗌 Addition
NAME				5.2 NAME					ĺ
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE				Char	ige 🔲 Addition
NAME				6.2 NAME	Ì				}
STREET ADDRESS				6.3 STREE	TADORESS				
				C 4 CFD/ C	~ 71D				

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.