

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:04

DOCUMENT # V51387 (1)

1. Corporation Name

BALTIC INDUSTRIES, INC.

Principal Place of Business

7975 WEST MCNAB ROAD
TAMARAC FL 33321

Mailing Address

7975 WEST MCNAB ROAD
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/17/1992

3a. Date of Last Report

03/04/1994

4. FEI Number

65-0357320

Applied For

Not Applicable

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

2. Principal Place of Business

21 6987 Queen Ferry Circle

2a. Mailing Address

26 6987 Queen Ferry Circle

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

23 Boca Raton Florida

27 City & State

27 Boca Raton Florida

24 Zip

24 33496

Country

29 Zip

29 33496

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, KENNETH S.
7975 WEST MCNAB ROAD
TAMARAC FL 33321

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 of Registered Agent (Type name of Registered Agent and the Title)

Signature of Registered Agent (Type name of Registered Agent and the Title)

Date

12. OFFICERS AND DIRECTORS

NAME	PD
NAME	STEIN, HAROLD
STREET ADDRESS	7975 WEST MCNAB ROAD
CITY-STATE-ZIP	TAMARAC FL
NAME	STD
NAME	STEIN, NANCY
STREET ADDRESS	7975 WEST MCNAB ROAD
CITY-STATE-ZIP	TAMARAC FL
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	6987 Queen Ferry Circle
4. CITY-STATE-ZIP	Boca Raton, Florida 33496
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	6987 Queen Ferry Circle
8. CITY-STATE-ZIP	Boca Raton, Florida 33496
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information is located 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 a duly qualified 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 the 12 or 13 of cases filed or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Stein President

407-477-8885