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

SIGNATURE

Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (9) V56164 THE BAXTER GROUP INCORPORATED Principal Place of Business Mailing Address **5004 WISPERING HOLLOW** 5004 WISPERING HOLLOW PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0357728 26 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes S No Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SCHWENCKE, KERRY R., ESQUIRE 1645 PALM BEACH LAKES BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 290 W PALM BEACH FL 33401 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Hingistered Agent signature required when reinstating) OFFICERS AND DIRLCTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change TITLE DELETE 1 1 TITLE Addition BAXTER, JERRY W. NAME 1.2 NAME 5004 WHISPERING HOLLOW STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE MAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS CITY-S1-ZIP 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 admitting or on an attachment with an address.

FILED

960) 6271080