

DOCUMENT # **V56164**
1. Entity Name
THE BAXTER GROUP INCORPORATED



Principal Place of Business	Mailing Address
5004 WISPERING HOLLOW PALM BEACH GARDENS FL 33418	5004 WISPERING HOLLOW PALM BEACH GARDENS FL 33418

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0357728	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHWENCKE, KERRY R., ESQUIRE 1645 PALM BEACH LAKES BLVD. SUITE 290 W PALM BEACH FL 33401

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center; font-size: 2em; font-weight: bold;">FL</div> <div>Zip Code</div>

SIGNATURE Gregory N. Parker, President 1/16/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div>P <input type="checkbox"/> Delete</div> <div>BAXTER, JERRY W.</div> <div>5004 WHISPERING HOLLOW</div> <div>PALM BEACH GARDENS FL</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><input type="checkbox"/> Delete</div>

[illegible]

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James W. Bortley, President 1/14/01 (561) 775-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)