SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 MAY -1 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68748** **(5)**

1. Corporation Name
PERLMAN BAIRD INC.

Principal Place of Business	Mailing Address
327 S WESTMONTE DR SUITE 301 ALTAMONTE SPRINGS FL 32714	327 S WESTMONTE DR SUITE 301 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business	2a. Mailing Address
21 237 S. Westmonte Dr.	26 237 S. Westmonte Dr
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 ALTAMONTE SPRINGS FL	City & State 28 ALTAMONTE SPRINGS FL.
Zip 24 32714	Country 25 USA
Zip 29 32714	Country 30 USA

4. FEI Number: 59-3148207 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERLMAN, JEFFREY M 237 S WESTMONTE DR SUITE 301 ALTAMONTE SPRINGS FL 32714	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 100 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	BAIRD, JAMES G.	12 NAME	
STREET ADDRESS	2161 FORREST ROAD	13 STREET ADDRESS	1277 TADSWORTH Terrace
CITY ST ZIP	WINTER PARK FL	14 CITY ST ZIP	HEATHROW, FLORIDA 32746
TITLE	DVST	21 TITLE	☒ Change ☐ Addition
NAME	PERLMAN, JEFFERY M.	22 NAME	
STREET ADDRESS	1466 HIDDER RIDGE COVE	23 STREET ADDRESS	1466 HIDDEN Ridge Cove
CITY ST ZIP	LONGWOOD FL	24 CITY ST ZIP	LONGWOOD, FL 32750
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	200001520022
STREET ADDRESS		43 STREET ADDRESS	-06/22/95--01008--010
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Jeffrey M. Perlman Jeffrey M. Perlman V.P. 6-8-95 (407) 788-9000
(TYPE OR PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

000V68 CP