FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB 10 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 303129 (1)

1. Corporation Name
COLONIAL RIDGE LEXINGTON INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5505 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435	5505 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified: 03/18/1966
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1315249 ☐ 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

MONAHAN, JOHN T.
5505 N. OCEAN BLVD.
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent

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 _____ 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	~~S~~	11 TITLE	D ☒ Change ☐ Addition
NAME	LOADMAN RUTH	12 NAME	LOADMAN, RUTH
STREET ADDRESS	5505 N OCEAN BLVD	13 STREET ADDRESS	5505 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL 33435	14 CITY-ST-ZIP	OCEAN RIDGE FL 33435
TITLE	TD	21 TITLE	D ☐ Change ☒ Addition
NAME	MONAHAN, JOHN	22 NAME	HADI, ADEL
STREET ADDRESS	5505 N OCEAN BLVD	23 STREET ADDRESS	5505 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	24 CITY-ST-ZIP	OCEAN RIDGE FL 33435
TITLE	~~VP~~	31 TITLE	☐ Change ☐ Addition
NAME	~~COYLE, NAOMI~~	32 NAME	
STREET ADDRESS	~~5505 N OCEAN BLVD~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~OCEAN RIDGE, FL 00000~~	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	OREM, GERDA	42 NAME	T.S. 2/10/95
STREET ADDRESS	5505 N. OCEAN BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	44 CITY-ST-ZIP	
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	

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: J. Mon T. Monahan 1/25/95 732-952-4(407)
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN T. MONAHAN, TREASURER, DIRECTOR

0263773 CP