FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:02

DOCUMENT # 715460 (2)

1. Corporation Name
FLEET RESERVE HALL, INC.

Principal Place of Business	Mailing Address
657 FISHERMAN STREET OPA LOCKA FL 33054	657 FISHERMAN STREET OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1968
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1549752 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BENOIT, LEONAD
2648 NASSAU DR.
MIRAMAR FL 33023

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	P	1.1 TITLE	D ☐ Change ☒ Addition
NAME	CHAMBERS, HOWARD L	1.2 NAME	WILLAM O,BOYLE
STREET ADDRESS	5348 NW 204TH ST	1.3 STREET ADDRESS	5960 N.W. 201 ST.
CITY-ST-ZIP	OPA LOCKE FL	1.4 CITY-ST-ZIP	MIAMI FL.
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCFARLANE, JOHN G.	2.2 NAME	
STREET ADDRESS	1983 N.W. 105TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	LEHTI, MARS	3.2 NAME	BEN ANLAGE
STREET ADDRESS	600 NE 89TH TERR	3.3 STREET ADDRESS	630 N.W. 188 ST.
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	MIAMI FL.
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	SHORE, RICHARD B	4.2 NAME	
STREET ADDRESS	6930 SW 28 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	BENOIT, LEONARD E	5.2 NAME	
STREET ADDRESS	2648 NASSAU DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RAMSAY, P. K.	6.2 NAME	
STREET ADDRESS	6601 SW 24 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LEONARD E. BENOIT MANAGER 4-27-95 666 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D09B381