SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723110 (3)

1. Corporation Name
THE FORE-PLEX ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2295 LOWSON BLVD. FAIRWAY COND. ASSOC., INC. DELRAY BEACH FL 33445-6051	~~2295 LOWSON BLVD~~ ~~FAIRWAY COND. ASSOC., INC.~~ ~~DELRAY BEACH FL 33445-6051~~

3. Date Incorporated or Qualified: 04/10/1972
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-1803809 ☐ 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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 C/O ARISTA MANAGEMENT GROUP
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3600 SO. CONGRES AVE
City & State 23	City & State 28 BOYNTON BEACH, FLA.
Zip 24 / County 25	Zip 29 33424 / County 30

9. Name and Address of Current Registered Agent

~~MC GAHAN MICHAEL~~
~~2295 LOWSON BLVD.~~
~~DELRAY BCH. FL 33445~~

10. Name and Address of New Registered Agent

81 Name: ARISTA MANAGEMENT GROUP
82 Street Address (P.O. Box Number is Not Acceptable): 3600 SO. CONGRESS AVE.
83 BOYNTON BEACH, FLA.
84 City: FL 85 Zip Code: 33424

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: HILBERT BINDEROW V.P. DATE: JUNE 20,1995
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	~~PD~~	11 TITLE		☐ Change ☐ Addition
NAME	~~ARAGONA PAUL~~	12 NAME		X
STREET ADDRESS	~~2295 LOWSON BLVD.~~	13 STREET ADDRESS		
CITY ST ZIP	~~DELRAY BEACH FL~~	14 CITY ST ZIP		
TITLE	VP	21 TITLE	PRES	D ☒ Change ☐ Addition
NAME	MCGAHAN MICHAEL	22 NAME		
STREET ADDRESS	2295 LOWSON BLVD.	23 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP		
TITLE	~~S~~	31 TITLE	ASST. SEC DIR	D ☒ Change ☐ Addition
NAME	PUGH KAREN	32 NAME		
STREET ADDRESS	2295 LOWSON BLVD.	33 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	34 CITY ST ZIP		
TITLE	~~T~~	41 TITLE		D ☒ Change ☐ Addition
NAME	DINGMAN, JERRY	42 NAME		
STREET ADDRESS	2295 LOWSON BLVD.	43 STREET ADDRESS		
CITY ST ZIP	DELRAY BCH FL	44 CITY ST ZIP		
TITLE	S	51 TITLE	S	D ☒ Change ☐ Addition
NAME	DIGNEY, JOE	52 NAME		
STREET ADDRESS	2295 LOWSON BLVD.	53 STREET ADDRESS		
CITY ST ZIP	DELRAY BVH FL	54 CITY ST ZIP		
TITLE		61 TITLE	TRES DIR	☒ Change ☐ Addition
NAME		62 NAME	ART GODDU	
STREET ADDRESS		63 STREET ADDRESS	2295 LOWSON BLVD DELRAY BCH,	
CITY ST ZIP		64 CITY ST ZIP		

CR2E037 (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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. 6/20/95 407-737 6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011601