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

DOCUMENT # N25199 (3)

1. Corporation Name
OPERATION RESTORATION, INC.

Principal Place of Business	Mailing Address
%LORNA ARCHER-STANLEY 507 SUPERIOR PLACE WEST PALM BEACH FL 33409	%LORNA ARCHER-STANLEY 507 SUPERIOR PLACE WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0097336 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
21 4501 SPRUCE AVE	26 4501 SPRUCE AVE		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 FL 33407 / County 25 PALM BEACH	Zip 29 33407 / County 30 PALM BEACH	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

ARCHER-STANLEY, LORNA
507 SUPERIOR PLACE
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

91 Name: ARCHER, STANLEY, LORNA
92 Street Address (P.O. Box Number is Not Acceptable): 4501 SPRUCE AVE
93
94 City: WEST PALM BEACH FL 95 Zip Code: 33407

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: Lorna Stanley LORNA STANLEY 4/7/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WATERMAN, DORRETT	12 NAME	
STREET ADDRESS	5285 MARCIA PL	13 STREET ADDRESS	
CITY ST ZIP	W PALM BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE S	☒ Change ☐ Addition
NAME	BROWN, HOLLY	22 NAME	MCINTOSCH, MARCELLA
STREET ADDRESS	390 38TH CT	23 STREET ADDRESS	1089 BENOIST FARMS RD., #301
CITY ST ZIP	W PALM BEACH FL	24 CITY ST ZIP	WEST PALM BEACH, FL 33411
TITLE	D	31 TITLE D	☒ Change ☐ Addition
NAME	BROWN, MARCIA	32 NAME	OVETT, JAYNE
STREET ADDRESS	507 SUPERIOR PLACE	33 STREET ADDRESS	1917 BAYTHORNE RD
CITY ST ZIP	WEST PALM BEACH FL	34 CITY ST ZIP	WEST PALM BEACH, FL 33415
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JACKS, GRAHAM	42 NAME	
STREET ADDRESS	302 RIVERSIDE DRIVE	43 STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDEN FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BELL, MICHAEL	52 NAME	
STREET ADDRESS	1346 12TH FAIRWAY	53 STREET ADDRESS	
CITY ST ZIP	WELLINGTON FL	54 CITY ST ZIP	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	STANLEY, LORNA ARCHER	62 NAME	
STREET ADDRESS	~~507 SUPERIOR PL~~ 5285 MARCIA PL	63 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorna Stanley 4/7/95 (407) 845-0262
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR — Date — Daytime Phone #
LORNA STANLEY

0040338