FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:32

DOCUMENT # P93000071763 (5)

1. Corporate Name
CONCH MANAGEMENT, INC.

Principal Office Address
7391 NORTHEAST 8TH COURT
BOCA RATON FL 33487
US

Mailing Address
7391 NORTHEAST 8TH COURT
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business
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24 25

2a. Mailing Address
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29 30

4. FEI Number: ~~APPLIED FOR~~ 65-044 8817 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
LAUGHLIN, WILLIAM H
7391 N.E. 8TH COURT
BOCA RATON FL 33487

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. Having complied with the provisions of Section 607.0505 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. Florida accepts the appointment as registered agent and agrees to act in this capacity. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAUGHLIN, WILLIAM H
STREET ADDRESS	7391 N.E. 8TH COURT
CITY ST ZIP	BOCA RATON FL
TITLE	DST
NAME	LAUGHLIN, HELEN A.
STREET ADDRESS	7391 NORTHEAST 8TH COURT
CITY ST ZIP	BOCA RATON FL

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing, to the best of my knowledge and belief, is true and correct. I am aware that false information submitted to a filing officer for the purpose of filing a document with the Department of State is a violation of Section 817.155, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct as of the date of filing and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached exhibit, as such director or officer.

SIGNATURE: William H. Laughlin
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-22-95 — Date
401 681-9559 — Daytime Phone #

0279237 CP