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 MAY -1 AM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087913 (8)

1. Corporation Name

PIER A DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
330 EAST LAMBERT ROAD BREA CA 92621	330 EAST LAMBERT ROAD BREA CA 92621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1993	3a. Date of Last Report: 05/02/1994
4. FEI Number: 65-0478838	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 201 Front Street	26 201 Frtont Street
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27 Suite 102
City & State 23 Key West, FL	City & State 28 Key West, FL
Zip 24 33040 County 25 USA	Zip 29 33040 County 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	WALSH, MARK	1 NAME	
STREET ADDRESS	1755 N. CONGRESS AVE.	1 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL 33426	1 CITY-ST-ZIP	
TITLE	VT	2 TITLE	☐ Change ☐ Addition
NAME	WALSH, MICHAEL	2 NAME	
STREET ADDRESS	1755 N. CONGRESS AVE.	2 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL 33426	2 CITY-ST-ZIP	
TITLE	V	3 TITLE	☐ Change ☐ Addition
NAME	WALSH, WILLIAM	3 NAME	
STREET ADDRESS	1755 N. CONGRESS AVE.	3 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL 33426	3 CITY-ST-ZIP	
TITLE	V	4 TITLE	☐ Change ☐ Addition
NAME	MCMURRAIN, THOMAS T	4 NAME	
STREET ADDRESS	1755 N. CONGRESS AVE.	4 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL 33426	4 CITY-ST-ZIP	
TITLE	S	5 TITLE	☐ Change ☐ Addition
NAME	CRITCHFIELD, RICHARD H	5 NAME	
STREET ADDRESS	1755 N. CONGRESS AVE.	5 STREET ADDRESS	
CITY-ST-ZIP	BOYTON BEACH FL 33426	5 CITY-ST-ZIP	
TITLE	~~[illegible]~~	6 TITLE	☐ Change ☐ Addition
NAME	~~EAGAN, THOMAS V~~	6 NAME	
STREET ADDRESS	~~[illegible] BISCAYNE BLVD, [illegible]~~	6 STREET ADDRESS	
CITY-ST-ZIP	~~[illegible]~~	6 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: Mark Walsh Pres. 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date / Daytime Phone #

0393149 CP