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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000087913 (8)**

1. Corporation Name

PIER A DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
201 FRONT STREET STE 102 KEY WEST FL 33040 US	201 FRONT STREET STE 102 KEY WEST FL 33040 US

3. Date Incorporated or Qualified: **12/27/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 4727
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Portsmouth NH
24 Zip / 25 Country	29 Zip: 03802 / 30 Country

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 making change)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALSH, MARK 1755 N. CONGRESS AVE. BOYTON BEACH FL 33426	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P. Walsh, Mark 1100 Linton Blvd, Ste C-9 Delray Beach FL. 33444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT WALSH, MICHAEL 1755 N. CONGRESS AVE. BOYTON BEACH FL 33426	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VT Walsh, Michael 1100 Linton Blvd, Ste C-9 Delray Beach FL. 33444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALSH, WILLIAM 1755 N. CONGRESS AVE. BOYTON BEACH FL 33426	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V Walsh, William one Cate St., Ste. 3 Portsmouth, NH 03801	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCMURRAIN, THOMAS T 1755 N. CONGRESS AVE. BOYTON BEACH FL 33426	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V. McMurrain, Thomas T. 1100 Linton Blvd, Ste C-9 Delray Beach FL. 33444	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1755 N. CONGRESS AVE. BOYTON BEACH FL 33426	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S Critchfield, Richard 1100 Linton Blvd, Ste C-4 Delray Beach FL. 33444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: Michael Walsh 4-27-96 407 279 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL WALSH