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 APR 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **812476** **(0)**

1. Corporation Name
THE EDGEWATER ARMS, INC.

Principal Place of Business	Mailing Address
3600 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	3600 GALT OCEAN DRIVE FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3600 GALT OCEAN DR

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 01/13/1958	3a. Date of Last Report: 04/12/1994
21: Ft Lauderdale	26: 3600 GALT OCEAN DR	4. FEI Number: 59-0861857	Applied For / Not Applicable
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23: Ft Lauderdale	28: FL 33308	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24: 33308 / 25: Country: BROWARD	29: 33308 / 30: Country: BROWARD	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LADOUCEUR, CAMILLE
3600 GALT OCEAN DRIVE
SUITE 10-B
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: FULTON, PAUL K
82 Street Address (P.O. Box Number is Not Acceptable): 3600 GALT OCEAN DR
83: SUITE 14-B
84 City: Ft Lauderdale FL 85 Zip Code: 33308

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: Paul K Fulton PAUL K FULTON PRES 4-6-95
Signature (type 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	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	LADOUCEUR, CAMILLE	12 NAME	PAUL K FULTON
STREET ADDRESS	3600 GALT OCEAN DR	13 STREET ADDRESS	3600 GALT OCEAN DR
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	Ft LAUDERDALE FL 33308
TITLE	SD	21 TITLE	Secretary - Director ☒ Change ☐ Addition
NAME	HUGHES, DIANNE	22 NAME	MARIANNE OVERTON
STREET ADDRESS	3600 GALT OCEAN DR	23 STREET ADDRESS	3600 GALT OCEAN DR
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	Ft LAUDERDALE FL 33308
TITLE	TD	31 TITLE	Director - Treasurer ☒ Change ☐ Addition
NAME	TURGEON, FERNAND	32 NAME	BARBARA GRIFFIS
STREET ADDRESS	3600 GALT OCEAN DR	33 STREET ADDRESS	3600 GALT OCEAN DR
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	Ft. LAUDERDALE FL 33308
TITLE	D	41 TITLE	Director ☒ Change ☐ Addition
NAME	OSBORNE, KATHRYN	42 NAME	FRANCES LAMALICE
STREET ADDRESS	3600 GALT OCEAN DR	43 STREET ADDRESS	3600 GALT OCEAN DR
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	Ft LAUDERDALE FL 33308
TITLE	D	51 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	PAT WECK	52 NAME	Joseph Riley
STREET ADDRESS	3600 GALT OCEAN DR	53 STREET ADDRESS	3600 GALT OCEAN DR
CITY ST ZIP	FT LAUDERDALE FL	54 CITY ST ZIP	Ft LAUDERDALE FL 33308
TITLE	V	61 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	GAILLARD, HARMAN	62 NAME	GAILLARD, HERMAN
STREET ADDRESS	3600 GALT OCEAN DR	63 STREET ADDRESS	3600 GALT OCEAN DR
CITY ST ZIP	FT LAUDERDALE FL	64 CITY ST ZIP	Ft LAUD FL 33308

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: Paul K Fulton 4-6-95 3055668585
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL K FULTON

0314000 CP