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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:51

DOCUMENT # **569056** **(5)**

1. Corporate Name

BEAVER PROPERTIES, INC.

Principal Place of Business	Mailing Address
3801 N UNIVERSITY DR #315 SUNRISE FL 33351-6366	3801 N UNIVERSITY DR #315 SUNRISE FL 33351-6366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1978	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1819570	☐ 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. 199.042, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 7280 W. Palmetto Park Road	26 7280 W. Palmetto Park Road
Suite, Apt. #, etc. 22 Suite 306N	Suite, Apt. #, etc. 27 Suite 306N
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip: 24 33433 — Country: 25 USA	Zip: 29 33433 — Country: 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABGA, GEORGE 3801 N UNIVERSITY DR #315 SUNRISE FL 33351	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	**PST**	1 TITLE	☐ Change ☐ Addition
NAME	**SABGA, EMILE**	1 NAME	
STREET ADDRESS	**3801 N UNIVERSITY DR 315**	1 STREET ADDRESS	
CITY-ST-ZIP	**SUNRISE, FL 00000**	1 CITY-ST-ZIP	
TITLE	**V**	2 TITLE	☐ Change ☐ Addition
NAME	**SABGA, JOSEPH**	2 NAME	
STREET ADDRESS	**3801 N UNIVERSITY DR 315**	2 STREET ADDRESS	
CITY-ST-ZIP	**SUNRISE, FL 00000**	2 CITY-ST-ZIP	
TITLE	**D**	3 TITLE	☐ Change ☐ Addition
NAME	**SABGA, GEORGE**	3 NAME	
STREET ADDRESS	**3801 N UNIVERSITY DR**	3 STREET ADDRESS	
CITY-ST-ZIP	**SUNRISE FL**	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I 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: - George Sabga — 06/01/95 — (407)392-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DOCUMENT # 569330 (4)

1. Corporation Name

FOUR R REALTY DEVELOPMENT CORPORATION

Principal Place of Business
4019 W HILLSBOROUGH AVE
TAMPA FL 33614
US

Mailing Address
4019 W HILLSBOROUGH AVE
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1978**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1819502** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

LIVINGSTON, CLIFTON A., P.A.
501 HORATIO ST.
TAMPA FL 33606

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 [illegible]

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	**P**	1.1 TITLE	☐ Change ☐ Addition
NAME	**ROGERS, H. STANLEY**	1.2 NAME	
STREET ADDRESS	**4616 EISENHOWER BLVD.**	1.3 STREET ADDRESS	
CITY, ST, ZIP	**TAMPA FL**	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(k), Florida Statutes. I further certify that the information indicated on the 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: H. Stanley Rogers 5/3/95 (813) 885-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #