FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722805 (9)

1. Corporation Name

RAPALLO SOUTH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1801 S. FLAGLER DR. W. PALM BEACH FL 33401	1801 S. FLAGLER DR. W. PALM BEACH FL 33401

3. Date Incorporated or Qualified: 03/01/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1440220 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NASON, GULDAN, YEAGER & GERSON
1645 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	T/D	☐ Change ☑ Addition
NAME	WEINER, ERNEST M.	12 NAME	MILLER, SCOTT	
STREET ADDRESS	1801 S. FLAGLER DRIVE	13 STREET ADDRESS	1801 S. FLAGLER DR.	
CITY-ST-ZIP	W PALM BCH, FL 00000	14 CITY-ST-ZIP	W PALM BCH, FL 33401	
TITLE	VD	21 TITLE	V/D	☐ Change ☑ Addition
NAME	PUTTERMAN, MICHAEL DELETE	22 NAME	WILCOXSON, Billy	
STREET ADDRESS	1801 S. FLAGLER DRIVE	23 STREET ADDRESS	1801 S. FLAGLER DR.	
CITY-ST-ZIP	W PALM BCH, FL 00000	24 CITY-ST-ZIP	W PALM BCH, FL 33401	
TITLE	SD	31 TITLE	D.	☐ Change ☑ Addition
NAME	CARR, FRANCES	32 NAME	KIRKBRIDE, NICHOLAS	
STREET ADDRESS	1801 S FLAGLER DR	33 STREET ADDRESS	1801 S. FLAGLER DR.	
CITY-ST-ZIP	W PALM BCH, FL 00000	34 CITY-ST-ZIP	W PALM BCH, FL 33401	
TITLE	TD	41 TITLE	V/D	☑ Change ☐ Addition
NAME	LEWIS, LOTTIE FRENCH	42 NAME		
STREET ADDRESS	1801 S. FLAGLER DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☐ Change ☑ Addition
NAME	PERLMAN, TERRY	52 NAME	TOLBERT, CHIP	
STREET ADDRESS	1801 S. FLAGLER DRIVE	53 STREET ADDRESS	1801 S. FLAGLER DR.	
CITY-ST-ZIP	W. PALM BEACH FL	54 CITY-ST-ZIP	W PALM BCH, FL 33401	
TITLE	VD	61 TITLE	D	☐ Change ☑ Addition
NAME	MORRIS, ROBERT DELETE	62 NAME	ERDMAN, JOAN	
STREET ADDRESS	1801 S. FLAGLER DR	63 STREET ADDRESS	1801 S. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	W PALM BCH, FL 33401	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ERNEST M. WEINER 4/19/95 407-832-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047040