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 FEB 14 PM 2:50

DOCUMENT # 186900 (7)

1. Corporation Name
EVERGLADES, INC.

Principal Place of Business	Mailing Address
2503 S.W. 22ND ST MIAMI FL 33145	2503 S.W. 22ND ST MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1955
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business
21: 8335 SW 166 ST
22 Suite, Apt. #, etc.:
23 City & State: MIAMI FL
24 Zip: 33157 25 Country: USA

2a. Mailing Address
26: P.O. Box 3006
27 Suite, Apt. #, etc.:
28 City & State: KEY LARGO FL
29 Zip: 33037 30 Country: USA

4. FEI Number: 59-0747995 ☐ 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

LUNDEN, HARRY
2503 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: Nelson C. Keshen, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 9130 South Dadeland Blvd., Suite 1511
83:
84 City: Miami FL 85 Zip Code: 33156

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: [signature] C Nelson C. Keshen — 2/9/95
Signature, typed 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	VD	11 TITLE	☐ Change ☐ Addition
NAME	LUNDEN, JACQUELINE A.	12 NAME	
STREET ADDRESS	~~2503 CORAL WAY~~ 8335 SW 166 St.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	SDT	21 TITLE	☐ Change ☐ Addition
NAME	LUNDEN, ELEANOR	22 NAME	
STREET ADDRESS	~~2503 CORAL WAY~~ 8335 SW 166 St.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	LUNDEN, HARRY	32 NAME	
STREET ADDRESS	~~2503 CORAL WAY~~ 8335 S.W. 166 St.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: [signature] HARRY LUNDEN 1-31-95 (305) 253-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0150277 CP