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
95 MAR 23 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 312563 (0)

1. Corporation Name
~~NEW COMMUNITY DEVELOPMENT GROUP CORPORATION~~
CORAL RIDGE PROPERTIES, INC.

Principal Place of Business
3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065

Mailing Address
3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065

000001438880
-03/24/95--01057--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 01/11/1967
3a. Date of Last Report: 01/20/1994
4. FEI Number: 25-1184789 ☐ 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
~~KIRKPATRICK, T D~~
~~C/O NEW COMMUNITY DEVELOPMENT GROUP CORP~~
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name: GORDON, K.Y.
82 Street Address (P.O. Box Number is Not Acceptable): c/o Coral Ridge Properties, Inc.
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 [signature] 3/10/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMSEY, R W
STREET ADDRESS	3300 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	~~CD~~
NAME	KOSTE, B. R.
STREET ADDRESS	801 LAUREL OAK DR
CITY-ST-ZIP	NAPLES FL
TITLE	S
NAME	MCGOWAN, J. P.
STREET ADDRESS	3300 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	~~CAS~~
NAME	~~CAMPBELL, L. R.~~
STREET ADDRESS	3300 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	V
NAME	DILLION, R.C.
STREET ADDRESS	3300 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS, FL 00000
TITLE	TD
NAME	~~BAKER, R W~~
STREET ADDRESS	~~6 GATEWAY CENTER~~
CITY-ST-ZIP	~~PITTSBURGH PA~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	C	☑ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Controller/AS	☑ Change	☐ Addition
4.2 NAME	MUCCI, M.E.		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☑ Change	☐ Addition
6.2 NAME	FAUST, R.E.		
6.3 STREET ADDRESS	801 Laurel Oak Drive		
6.4 CITY-ST-ZIP	Naples, FL		

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(1)(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] R. W. Ramsey, President 3/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100406 CP

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 313953 (2)

1. Corporation Name
THE KEY AMBASSADOR COMPANY

Principal Place of Business
3755 S. ROOSEVELT BLVD
KEY WEST FL 33040

Mailing Address
3755 S. ROOSEVELT BLVD
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1967
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-0672707 | Applied For | Not Applicable
5. Certificate of Status Desired [X] $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 [X] Yes [ ] No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
OROPEZA, SCOTT OROPEZA, SCOTT
915 PEACOCK PLAZA
KEY WEST FL 33040

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

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	GOLAN, JAMES
STREET ADDRESS	2501 N. LINCOLN
CITY-ST-ZIP	CHICAGO IL
TITLE	DP
NAME	GOLAN, CAROL P
STREET ADDRESS	840 WALDEN LANE
CITY-ST-ZIP	LAKE FOREST IL
TITLE	DVS
NAME	GOLAN, STEPHEN L
STREET ADDRESS	860 VALLEY ROAD
CITY-ST-ZIP	LAKE FOREST IL
TITLE	D
NAME	GOLAN, JOHN
STREET ADDRESS	288 AUBURN
CITY-ST-ZIP	WINNETKA IL
TITLE	D
NAME	GOLAN, DOUGLAS
STREET ADDRESS	1920 HAVEN LANE
CITY-ST-ZIP	GREEN OAKS IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	[X] Change [ ] Addition
2.2 NAME	GOLAN, LEONARD W.	
2.3 STREET ADDRESS	840 WALDEN LANE	
2.4 CITY-ST-ZIP	LAKE FOREST IL	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-03/24/95--01015--029
****208.75 ****208.75

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)(n), 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: L. W. Golan, President 3-14-95 305-296-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leonard W. Golan
LW 3-21-95

0100033 CP