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 -3 AM 11:48

DOCUMENT # 352456 (8)

1. Corporation Name
CORPORATE ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
1109 FERDINAND ST CORAL GABLES FL 33134 US	PO BOX 140220 CORAL GABLES FL 33114-0220 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/18/1969
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business
21: 522 SE 4/ AVE
22 Suite, Apt. #, etc.:
23 City & State: OCALA
24 Zip: 34471
25 Country: MARION

2a. Mailing Address
26: P.O. BOX 3658
27 Suite, Apt. #, etc.:
28 City & State: OCALA
29 Zip: 34478
30 Country: MARION

4. FEI Number: 59-1276806 — Applied For — X 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

MILLER, R. O.
1109 FERDINAND ST
PO BOX 140220
CORAL GABLES FL 33144

10. Name and Address of New Registered Agent

81 Name: MILLER, R.O.
82 Street Address (P.O. Box Number is Not Acceptable): 522 SE 4/ AVE
83:
84 City: OCALA FL 85 Zip Code: 34471

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: R.O. Miller — R.O. MILLER (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when restating) — DATE: 2-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	MILLER, R O	1.2 NAME	MILLER, R.O.
STREET ADDRESS	1109 FERDINAND	1.3 STREET ADDRESS	522 SE 4/ AVE
CITY-ST-ZIP	CORAL GALBES, FL 00000	1.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MUR, IRWIN H	2.2 NAME	
STREET ADDRESS	7840 SW 17TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	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)(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: R.O. Miller — R.O. MILLER — 2-1-95 — 904 624-4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043M70 FP