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 20 PM 3:35

DOCUMENT # 363459 (9)

1. Corporation Name
MIRAMAR LAKES, INC.

Principal Place of Business	Mailing Address
4101 S.W. 196TH AVE MIRAMAR FL 33027 US	POST OFFICE BOX 820410 SOUTH FLORIDA FL 33082-0410 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1970	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1313802	☐ 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	

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

TATUM, THOMAS R.
TATUM & TATUM, ATTY AT LAW
750 S.E. THIRD AVE
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: TATUM, THOMAS R.
82 Street Address (P.O. Box Number is Not Acceptable): BRINKLEY MCNERNEY
83: 200 E. LAS OLAS BLVD. #1800
84 City: FORT LAUDERDALE FL 85 Zip Code: 33301

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	1.1 TITLE		☐ Change ☐ Addition
NAME	BASCETTA, THOMAS J.	1.2 NAME		
STREET ADDRESS	4101 S.W. 196TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITCOMB, ROBERT	2.2 NAME		
STREET ADDRESS	4101 S.W. 196TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	CAMODARI, E.B.	3.2 NAME	TATUM, THOMAS R.	
STREET ADDRESS	4101 S.W. 196TH AVE	3.3 STREET ADDRESS	200 E. LAS OLAS BLVD, #1800	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
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 report 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 added to the report with an address.

SIGNATURE: _____ 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0426340 FP