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 28 PM 3:38

DOCUMENT # 374436 **(4)**

1. Corporation Name
ARROWHEAD REALTY, INC.

Principal Place of Business	Mailing Address
31 WEST 20TH STREET RIVIERA BEACH FL 33404	31 WEST 20TH STREET RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **12/22/1970**
3a. Date of Last Report: **03/01/1994**
4. FEI Number: **59-1363129** ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HRABKO, PAUL F.
~~13 OAK RIDGE LANE~~
~~TEQUESTA FL 33469~~
APT. 10C
501 LAKE SHORE DRIVE
LAKE PARK, Florida
33403

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	S	1.1 TITLE	☐ Change ☐ Addition
NAME	DONALDSON, PAULA H.	1.2 NAME	
STREET ADDRESS	2901 DOMAU COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE,FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	HRABKO, PAUL F	2.2 NAME	
STREET ADDRESS	13 OAK RIDGE	2.3 STREET ADDRESS	501 LAKE SHORE DRIVE - APT 10C
CITY-ST-ZIP	TEQUESTA, FL 00000	2.4 CITY-ST-ZIP	LAKE PARK FL - 33403
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	HRABKO, SHIRLEY P	3.2 NAME	
STREET ADDRESS	13 OAK RIDGE LANE	3.3 STREET ADDRESS	501 LAKE SHORE DRIVE, APT 10C
CITY-ST-ZIP	TEQUESTA, FL 00000	3.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	HRABKO, PAUL F	4.2 NAME	
STREET ADDRESS	13 OAK RIDGE LANE	4.3 STREET ADDRESS	501 LAKE SHORE DRIVE, APT 10C
CITY-ST-ZIP	TEQUESTA, FL 00000	4.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HRABKO, RANDALL P	5.2 NAME	
STREET ADDRESS	8004 KENTWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CALF 00000	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 addresa.

SIGNATURE: Paul F. Hrabko — 2/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL F. HRABKO — 407-842-7294

0944000 CP