SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # **435651** **(5)**

1. Corporation Name

EXIM DEVELOPERS, INC.

Principal Place of Business	Mailing Address
3450 S MILITARY TR LAKE WORTH FL 33463	3450 S MILITARY TR LAKE WORTH FL 33463

3. Date Incorporated or Qualified: 11/26/1973
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-1732470 — 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 3450 S. MILITARY TRAIL	26 3450 S. MILITARY TRAIL
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 LAKE WORTH, FL	City & State 28 LAKE WORTH, FL
Zip 24 33463 Country 25 USA	Zip 29 33463 Country 30 USA

9. Name and Address of Current Registered Agent

SHAPIRO, GERALD
352 S OCEAN BLVD
APT. 614
S PALM BEAHC FL 33480

10. Name and Address of New Registered Agent

81 Name: MICHAEL PARKOFF
82 Street Address (P.O. Box Number is Not Acceptable): 7101 LION HEAD LANE
83
84 City: BOCA RATON FL 85 Zip: 33496

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: MICHAEL PARKOFF   DATE: 8/5/96
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	DPS	☒ DELETE	1.1 TITLE	PRESIDENT SECRETARY ☐ Change ☐ Addition
NAME	SHAPIRO, GERALD		1.2 NAME	FREDERICK SHAPIRO
STREET ADDRESS	3525 S OCEAN BLVD		1.3 STREET ADDRESS	120 GREGORY RD
CITY-ST-ZIP	S PALM BEAHC FL		1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8/5/96 4079691400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (3/96)