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

APPROVED AND FILED
95 MAY -1 PM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **459408** **(1)**

1. Corporation Name
FLORIDA EAST DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1365 HIGHWAY A1A SATELLITE BEACH FL 32937	1365 HIGHWAY A1A SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/09/1974**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21 1365 Highway A1A
22 Suite, Apt. #, etc.
23 City & State: Satellite Beach, FL
24 Zip: 32937
25 County: Brevard

2a. Mailing Address
26 1365 Highway A1A
27 Suite, Apt. #, etc.
28 City & State: Satellite Beach, FL
29 Zip: 32937
30 County: Brevard

4. FEI Number: **59-1546995** ☐ 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

ANGELINA, M JORDAN
1365 HIGHWAY A1A
SATELLITE BEACH FL

10. Name and Address of New Registered Agent

81 Name: Patricia M. Burguet
82 Street Address (P.O. Box Number is Not Acceptable): 1365 Highway A1A
83
84 City: Satellite Beach **FL** 85 Zip Code: 32937

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: _____ Patricia M. Burguet 4/24/95
Signature of new registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANGELINA, M JORDAN 1365 HIGHWAY A1A SATELLITE BCH FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Patricia M. Burguet 1365 Highway A1A Satellite Beach FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANGELINA, M JORDAN 1365 HIGHWAY A1A SATELLITE BCH FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V Edward K. Tremble 1365 Highway A1A Satellite Beach FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANGELINA, M JORDAN 1365 HIGHWAY A1A SATELLITE BCH FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/T/D Patricia M. Burguet 1365 Highway A1A Satellite Beach FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANGELINA, M JORDAN 1365 HIGHWAY A1A SATELLITE BCH FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Patricia M. Burguet 1365 Highway A1A Satellite Beach FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Patricia M. Burguet 4/24/95 407-773-7773
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CP