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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:44

DOCUMENT # 527792 (6)

1. Corporation Name
LIMERICK REALTY, INC.

Principal Place of Business	Mailing Address
100 LAKESHORE DR. STE 350 N PALM BEACH FL 33408	100 LAKESHORE DR. STE 350 N PALM BEACH FL 33408
c/o Domenick R. Lioce	c/o Domenick R. Lioce

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1977
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1729575 ☐ 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 1645 Palm Beach Lakes Blvd	26 1645 Palm Beach Lakes Blvd
Suite, Apt. #, etc. 22 1200	Suite, Apt. #, etc. 27 1200
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33401 / 25 USA	Zip / Country 29 33401 / 30 USA

9. Name and Address of Current Registered Agent

LOICE, DOMENICK R.
1645 PALM BEACH LAKES BLVD., STE 1200
W. PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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	~~XD~~	1.1 TITLE	D,V,S,T	☐ Change ☒ Addition
NAME	~~GREEN, E G~~	1.2 NAME	Domenick R. Lioce	
STREET ADDRESS	~~100 LAKESHORE DRIVE~~	1.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., Suite 1200	
CITY-ST-ZIP	~~NO PALM BEACH, FL 00000~~	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	PTD	2.1 TITLE	P	☒ Change ☐ Addition
NAME	GREEN, E G	2.2 NAME	E. G. Green	
STREET ADDRESS	100 LAKESHORE DRIVE	2.3 STREET ADDRESS	1501 S. Flagler Drive, #4G	
CITY-ST-ZIP	NO PALM BEACH, FL 00000	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	~~X~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~GREEN, E G~~	3.2 NAME		
STREET ADDRESS	~~100 LAKESHORE DRIVE~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~NO PALM BCH FL~~	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Domenick R. Lioce, Director 3/21/95 (407) 686-3307
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0247037 CP