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 FEB -9 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 583068 (2)

1. Corporation Name
DELRAY PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
101 S.E. 6TH AVE., ~~SUITE C~~ ~~THE PLUM BLDG.~~ DELRAY BEACH FL 33483	101 S.E. 6TH AVE., ~~SUITE C~~ ~~THE PLUM BLDG.~~ DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 2012 S.W. 36 Ave	26 P O Box 885
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Delray Beach, Fl.	City & State 28 Delray Beach, Fl
Zip 24 33445 Country 25 Palm Bch	Zip 29 33447 Country 30 Palm Bch

3. Date Incorporated or Qualified: 08/22/1978
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1845608 ☐ 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

GOLDRICK, ELEANOR R.
~~101 SE 6TH AVE, STE C, THE PLUM BLDG.~~
DELRAY BEACH, FLORIDA 33483

10. Name and Address of New Registered Agent

81 Name: Eleanor R Goldrick
82 Street Address (P.O. Box Number is Not Acceptable): 2012 S W 36 Ave
83
84 City: Delray Beach, Fl. FL 85 Zip Code: 33445

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	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLDRICK, MICHAEL W.	1.2 NAME	
STREET ADDRESS	2012 SW 36TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	33445 (ZIP)
TITLE	SVP	2.1 TITLE	☐ Change ☐ Addition
NAME	GOLDRICK, ELEANOR R.	2.2 NAME	
STREET ADDRESS	2012 SW 36TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	2.4 CITY-ST-ZIP	33445 (ZIP
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

AL 2/14

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: Eleanor R Goldrick 2/7/95 407-496-0824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270270 CP