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 JUL -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 616385 (1)

1. Corporation Name
COLONY COURT OF FORT PIERCE, INC.

Principal Place of Business
1007 S U S #1
FORT PIERCE FL 34950

Mailing Address
1007 S U S #1
FORT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1979
3a. Date of Last Report: 08/03/1994

2. Principal Place of Business
2a. Mailing Address
21 / 26
Suite, Apt. #, etc.
22 / 27
City & State
23 / 28
Zip / Country
24 / 25 / 29 / 30

4. FEI Number: 59-2116785 — 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. The corporation has liability for intangible tax under s. 199.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISH, BARRY
SWERN & FISH ATTORNEY
7951 YONGE STREET
THORN HIL, ONTARIO CANADA

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	CHRISTENSEN, BORGE	
STREET ADDRESS	1007 S. US 1	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	☐ Change ☐ Addition
NAME	CHRISTENSEN, MARK B.	
STREET ADDRESS	1007 S. US 1	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 address.

SIGNATURE: Borge Christensen — 6-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078448 CP