FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT #625013 (8)

1. Corporation Name

ADMIRAL'S PORT TOWNHOMES, INC

Principal Place of Business	Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 17971 BISCAYNE BLVD	26 17971 BISCAYNE BLVD
Suite, Apt. #, etc. 22 SUITE 220	Suite, Apt. #, etc. 27 SUITE 220
City & State 23 NO. MIAMI BEACH FL	City & State 28 NO. MIAMI BEACH FL
Zip 24 33160 Country 25 USA	Zip 29 33160 Country 30 USA

3. Date Incorporated or Qualified: 6-6-79
3a. Date of Last Report: -95
4. FEI Number: 59-1952651 ☐ 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

10. Name and Address of New Registered Agent

81 Name: GARY COHEN
82 Street Address (P.O. Box Number is Not Acceptable): 17971 BISCAYNE BLVD - SUITE 220
83
84 City: NO MIAMI BEACH FL 85 Zip Code: 33160

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: [signature] 6/21/96
Signature of Officer or Director of registered agent and Title, if applicable (NOTE: Registered Agent's signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD ☐ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	COHEN, GARY	1-2 NAME	
STREET ADDRESS	17971 BISCAYNE BLVD- STE 220	1-3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33160	1-4 CITY-ST-ZIP	
TITLE	P,T ☐ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	COHEN GARY	2-2 NAME	
STREET ADDRESS	17971 BISCAYNE BLVD-STE 220	2-3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33160	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	700001883127
STREET ADDRESS		6-3 STREET ADDRESS	-07/03/96--01028--050
CITY-ST-ZIP		6-4 CITY-ST-ZIP	***225.00

CR2E034 (12/95)

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: (X) [signature] President (X) 6/21/96 305-935-9106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 7/2/96