

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -7 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **679509** (0)  
1. Corporation Name  
**EXCLUSIVE LIMITED, INC.**

Principal Place of Business Mailing Address  
**1761 S.W. COMMODORE PL. PALM CITY FL 34990**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/23/1980** 3a. Date of Last Report **03/25/1994**  
4. FEI Number **59-2017183** 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 26. Mailing Address  
21 **3141 So. Military Trail** 26 **4300 So. U.S. Hwy 1**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 104 D** 27 **# 203-207**  
City & State City & State  
23 **West Palm Bch, FL** 28 **Jupiter Florida**  
Zip Country Zip Country  
24 **33463** 25 Country 29 **33477** 30 Country

9. Name and Address of Current Registered Agent  
**THURLOW JR., THOMAS H.**  
**17 E. 7TH ST.**  
**STUART FL 33494**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 CEO if director) NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHNEKE, LOUISE</b>	1.2 NAME	
STREET ADDRESS	<b>1761 S W COMMODORE PL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM CITY, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DPT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHNEKE, LOLA</b>	2.2 NAME	
STREET ADDRESS	<b>276 SEABREEZE CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Louise Mahneke Lola Mahneke March 2, 1995 544-7093  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)