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

FILED
95 JAN 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **827176** **(9)**

1. Corporation Name
C P L INVESTMENTS, INC.

Principal Place of Business	Mailing Address
10775 S.W. 200 STREET MIAMI FL 33189	10775 S.W. 200 STREET MIAMI FL 33189

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/13/1971	3a. Date of Last Report: 02/03/1994
4. FEI Number: 36-2710634	☐ 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: 7600 N. Kendall Drive	26: 10775 Caribbean Blvd.
22: Suite, Apt. #, etc.	27: Att: Denny Newnam
23: City & State: Miami, Florida	28: City & State: Miami, Florida
24: Zip: 33156 25: Country: USA	29: Zip: 33189 30: Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEEMON, C. L. 10775 S.W. 200 STREET MIAMI FL 33189	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	Delete this entry	☒ Change ☐ Addition
NAME	LEEMON, C. L.	12 NAME		
STREET ADDRESS	10775 S.W. 200 STREET	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	S/T/D	☒ Change ☐ Addition
NAME	LEEMON, LINDA	22 NAME	Linda Leemon	
STREET ADDRESS	17704 S.W. 83RD CT.	23 STREET ADDRESS	17704 S. W. 83rd Court	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33157	
TITLE	TD	31 TITLE	V/D	☒ Change ☐ Addition
NAME	LEEMON, P.A.	32 NAME	P.A. Leemon	
STREET ADDRESS	10775 S.W. 200 STREET	33 STREET ADDRESS	10775 Caribbean Blvd.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, Florida 33189	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	LEEMON, C. L. III	42 NAME		
STREET ADDRESS	17704 S.W. 83RD CT.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Linda L Leemon — Jan. 17, 1995 — 305-253-3037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA L. LEEMON

0431010 FP