SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F37891** **(1)**

1. Corporation Name

MARGATE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
P. O. BOX 431409 MIAMI FL 33243-1409 US	P. O. BOX 431409 MIAMI FL 33243-1409 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1981
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21 P O BOX 291298
22 Suite, Apt. #, etc.
City & State: 23 Port OraGE, Fla.
Zip: 24 32129 Country: 25 Volusia

2a. Mailing Address
26 P O Box 291298
27 Suite, Apt. #, etc.
City & State: 28 Port Orange, Fla.
Zip: 29 32129 Country: 30 Volusia

4. FEI Number: 59-2104817 ☐ 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

WRIGHT, E. M.
59217 NW 70TH ST
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: E.M. Wright
82 Street Address (P.O. Box Number is Not Acceptable): 5901 Boggsford
83
84 City: Port Orange, FL 85 Zip Code: 32129

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 E.M. Wright E.M. Wright 6/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES, JAMES J. 5927 NW 70TH ST MIAMI FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Pres/Sec/Director E.M. Wright 5901 Boggsford Pt. Orange, Fla. 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD WRIGHT, E. M. 5927 NW 70TH ST MIAMI FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V.P./Dir, P.D. Dominguez 5901 Boggsford Pt. Orange, Fla. 32129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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 E.M. Wright E.M. Wright Pres/Sec/Dir 6/19/95 305-386-9557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0145836 FP