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 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F43823 (6)

1. Corporation Name

COUNTESS ALEXANDER OF PALM BEACH INC.

Principal Place of Business	Mailing Address
90 VIA MIZNER PALM BEACH FL 33480	132 N. RIVER DR., E JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1981
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 205 WORTH AVE.
Suite, Apt. #, etc.: 22 303
City & State: 23 PALM BEACH FL.
Zip: 24 33480 Country: 25 USA.

2a. Mailing Address
26 205 WORTH AVE.
Suite, Apt. #, etc: 27 303
City & State: 28 PALM BEACH FL.
Zip: 29 33480 Country: 30 USA

4. FEI Number: 59-2130905 ☐ 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

ALEXANDER, ROBERT C.
132 N. RIVER DR. E
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: ROBERT C. ALEXANDER
82 Street Address (P.O. Box Number is Not Acceptable): 205 WORTH AVE.
83 #303
84 City: PALM BEACH FL 85 Zip Code: 33480

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: Robert C Alexander — 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	800001481248 Origin Action
NAME	ALEXANDER, JENNIE	12 NAME	-05/09/95--01110--011
STREET ADDRESS	132 N. RIVER DR., E	13 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP	JUPITER FL 33458	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, ROBERT C.	22 NAME	
STREET ADDRESS	132 N. RIVER DR., E.	23 STREET ADDRESS	
CITY ST ZIP	JUPITER FL 33458	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	5/1/95 MS
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 added to the report or on an attachment with an address.

SIGNATURE: Robert C Alexander — 4-28-95 — 407 835-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260352 CP