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 JUL 24 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002083 (4) 486

1. Corporation Name
NATIONAL PROPERTY ACQUISITIONS, INC.

500001482185
-05/10/95 --01022 --003
***1930.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
260 LONG RIDGE ROAD STAMFORD CT 06927	260 LONG RIDGE ROAD STAMFORD CT 06927

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 03/07/1994
4. FEI Number: 06-1345147 — Applied For / Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 GE CAPITAL CORPORATION
27 Suite, Apt. #, etc. P.O. BOX 9552
City & State FT. MYERS, FL 33906-9552
28 Attn: Shannon Williams
29 Zip
30 Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRAIZER, M D
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT 06927
TITLE	D
NAME	DETERDING, J C
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT 06927
TITLE	VPD
NAME	HENRY, D B
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT 06927
TITLE	VP
NAME	THURMAN, C B
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT 06927
TITLE	VPT
NAME	AMBLE, J C
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT 06927
TITLE	VP
NAME	LINCOLN, B R
STREET ADDRESS	260 LONG RIDGE ROAD
CITY ST ZIP	STAMFORD CT 06927

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	A/T	☐ Change ☒ Addition
1.2 NAME	Oscar Garza	
1.3 STREET ADDRESS	4211 Metro Parkway	
1.4 CITY ST ZIP	Ft Myers, FL 33916	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

REMITTED BY MAY 1

RC

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: ______ 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ASSISTANT TREASURER STATE TAXES — Date — Daytime Phone #

0000444 CP