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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 3:59

DOCUMENT # **F93000004072 (5)**

1. Corporation Name

RHODES-FORT MYERS/GP, INC.

Principal Place of Business	Mailing Address
1990 M STREET NW #650 WASHINGTON DC 20036	1990 M STREET NW #650 WASHINGTON DC 20036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/08/1993	3a. Date of Last Report: 12/05/1994
21	26 1990 M Street, N.W.	4. FEI Number: 52-1839523	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 650	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Washington, D.C.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 20036 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	AMBROSI, ROBERT J	12 NAME	
STREET ADDRESS	341 BROAD ST.	13 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ 07013	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☒ Change ☐ Addition
NAME	PEREZ, MARC	22 NAME	PEREL
STREET ADDRESS	341 BROAD STREET	23 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ 07013	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MELROD, JOSEPH K	32 NAME	
STREET ADDRESS	1990 M STREET NW #650	33 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MELROD, DANIEL	42 NAME	
STREET ADDRESS	1990 M STREET NW #650	43 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	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: X Joseph K Melrod March 27, 1995 (305) 785-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474469 FP