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 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000003740 (7)

1. Corporation Name
GREATER ATLANTIC MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
APT. 1505 2800 ISLAND BOULEVARD WILLIAMS ISLAND FL 33160	APT. 1505 2800 ISLAND BOULEVARD WILLIAMS ISLAND FL 33160

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1050 LEE WAGENER BLVD	26 1050 LEE WAGENER BLVD
Suite, Apt. #, etc 22 SUITE #303	Suite, Apt. #, etc 27 SUITE # 303
City & State 23 FT LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip 24 33315 Country 25 USA	Zip 29 33315 Country 30 USA

4. FEI Number: 65-0450809 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET TALLAHASSEE FL 32301	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCV	1.1 TITLE	PCV ☒ Change ☐ Addition
NAME	ROSS, DAVID	1.2 NAME	DAVID ROSS
STREET ADDRESS	100 SHORTWAY	1.3 STREET ADDRESS	6860 LIONS HEAD LANE
CITY ST ZIP	ROSLYN NY 11577	1.4 CITY ST ZIP	BOCA RATON, FL 33496
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDLER, ANDREW	2.2 NAME	
STREET ADDRESS	245 EAST 58TH STREET, APT. 21-B	2.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10022	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	RUDOLF, DOUGLAS	3.2 NAME	
STREET ADDRESS	11900 BISCAYNE BOULEVARD, SUITE 806	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33181	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(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 or on an attachment with an address.

SIGNATURE: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 Date

305-359-0111 Daytime Phone #

0173061 CP