SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], 1995
AMOUNT DUE ON OR BEFORE [illegible]: $[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

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

95 JUN 13 AM 10: 16

DOCUMENT # F94000005758 (7)

1. Corporation Name

TEAM REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
125 BASIN STREET DAYTONA BEACH FL 32114	125 BASIN STREET DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 125 Basin Street	26 125 Basin Street
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 Daytona Beach, FL	City & State 28 Daytona Beach FL
Zip 24 32114 — Country 25 USA	Zip 29 32114 — Country 30 USA

4. FEI Number: 59-3274378 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 ______________________________ 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	1 1 TITLE	☐ Change ☐ Addition
NAME	MILLER, SANFORD	1 2 NAME	
STREET ADDRESS	125 BASIN STREET	1 3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, JOHN P	2 2 NAME	
STREET ADDRESS	45 RIVERSIDE DRIVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	WESTPORT CT 06880	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	☐ Change ☐ Addition
NAME	CONGDON, JEFFREY D	3 2 NAME	
STREET ADDRESS	7050 W. WASHINGTON STREET	3 3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN 46241	3 4 CITY - ST - ZIP	
TITLE	TD	4 1 TITLE	☐ Change ☐ Addition
NAME	NORWALK, DONALD J	4 2 NAME	
STREET ADDRESS	125 BASIN STREET	4 3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	TIEMANN, L S	5 2 NAME	
STREET ADDRESS	45 RIVERSIDE DRIVE	5 3 STREET ADDRESS	
CITY - ST - ZIP	WESTPORT CT 06880	5 4 CITY - ST - ZIP	
TITLE	S	6 1 TITLE	☐ Change ☐ Addition
NAME	LILL, ANNE MARIE	6 2 NAME	
STREET ADDRESS	125 BASIN STREET	6 3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	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 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Norwalk (signature) Donald J Norwalk 6/6/95 (904) 238-7035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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