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

1995 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # G15722 (3)

1. Corporation Name
~~THREE-O CORPORATION~~ Low Country Palace, Inc.

Principal Place of Business	Mailing Address
C/O MICHAEL H. OPPENHEIMER 1421 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168	C/O MICHAEL H. OPPENHEIMER 1421 S. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2243165 ☐ 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

OPPENHEIMER, MICHAEL H.
1421 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32069

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 32168

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	ST	11 TITLE	☒ Change ☐ Addition
NAME	OPPENHEIMER, BRIAN	12 NAME	
STREET ADDRESS	~~4 RIVER RIDGE ROAD~~	13 STREET ADDRESS	35 Springwood Trail
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	ZIP 32174
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	OPENHEIMER, ARTHUR R	22 NAME	
STREET ADDRESS	925 N FAIRFAX AVE	23 STREET ADDRESS	deceased, 2-9-93
CITY-ST-ZIP	DAYTONA BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	Vice-pres. ☒ Change ☐ Addition
NAME	OPPERHEIMER, MICHAEL	32 NAME	
STREET ADDRESS	~~33 SPRINGWOOD SQ~~	33 STREET ADDRESS	877 Quail Run
CITY-ST-ZIP	PORT ORANGE, FL 00000	34 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	President
STREET ADDRESS		43 STREET ADDRESS	Scott A. Studner
CITY-ST-ZIP		44 CITY-ST-ZIP	2 Highland Oaks Trail
TITLE		51 TITLE	Ormond Beach, FL 32174 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	DOB ☐ Change ☐ Addition
NAME		62 NAME	5-1-45
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: [signature] 4-25-95 904 423-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010166 CP