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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:01

DOCUMENT # **G64227** **(3)**

1. Corporation Name
FIFTH AVENUE MARKETPLACE, INC. THE)

Principal Place of Business	Mailing Address
200 ORANGE-CO CIRCLE NE WINTER HAVEN FL 33881 US	% WILLIAM O.E. HENRY PO BOX 1520 WINTER HAVEN FL 33882-1520 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): 1399 6th St., N.W.
2a. Mailing Address (26):
Suite, Apt #, etc (22):
Suite, Apt #, etc (27):
City & State (23): Winter Haven, FL
City & State (28):
Zip (24): 33881 Country (25): USA
Zip (29): Country (30):

4. FEI Number: **59-2942307** ☐ 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

HENRY, WILLIAM O.E.
200 S. ORANGE AVE, STE 2600
ORLANDO FL 32801

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 changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	☒ Change	☐ Addition
NAME	SANDS, HOWARD E., JR.	12 NAME		
STREET ADDRESS	200 ORANGE-CO CIRCLE NE	13 STREET ADDRESS	1399 6th St., N.W.	
CITY ST ZIP	WINTER HAVEN FL	14 CITY ST ZIP		
TITLE	S	21 TITLE	☐ Change	☐ Addition
NAME	HENRY, WILLIAM O.E.	22 NAME		
STREET ADDRESS	200 S. ORANGE AVE, STE. 2600	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE	☒ Change	☐ Addition
NAME	SANDS, WILLIAM H.	32 NAME		
STREET ADDRESS	200 ORANGE CO CIR NE	33 STREET ADDRESS	1399 6th St., N.W.	
CITY ST ZIP	WINTER HAVEN FL	34 CITY ST ZIP		
TITLE	VTD	41 TITLE	☒ Change	☐ Addition
NAME	SANDS, JULIA S.	42 NAME		
STREET ADDRESS	200 ORANGE CO CIR NE	43 STREET ADDRESS	1399 6th St., N.W.	
CITY ST ZIP	WINTER HAVEN,F L.	44 CITY ST ZIP		
TITLE	V	51 TITLE	☒ Change	☐ Addition
NAME	SANDS, FREDERICK H.	52 NAME		
STREET ADDRESS	200 ORANGE CO CIR NE	53 STREET ADDRESS	1399 6th St., N.W.	
CITY ST ZIP	WINTER HAVEN FL	54 CITY ST ZIP		
TITLE	V	61 TITLE	☒ Change	☐ Addition
NAME	SANDS, DAVID E.	62 NAME		
STREET ADDRESS	200 ORANGE CO CIR NE	63 STREET ADDRESS	1399 6th St., N.W.	
CITY ST ZIP	WINTER HAVEN FL	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 with an address, with an "X" in the box.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/95 (813) 294-5931
Date Daytime Phone #

0448348 FP