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 APR 19 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G75477** **(1)**

1. Corporation Name

ROLAND UNIVERSITY PROPERTIES, INC.

Principal Place of Business	Mailing Address
4800 N FEDERAL HWY. STE 203B BOCA RATON FL 33431 US	4800 N FEDERAL HWY. STE. 203B BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/14/1983**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26): **4800 N. Federal Hwy.**

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: **59-2352199** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ABREU, MONICA L.
4800 N FEDERAL HWY.
STE 203B
BOCA RATON FL 33431

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	DP	11 TITLE		☐ Change ☐ Addition
NAME	ROBINS, GERALD	12 NAME		
STREET ADDRESS	4800 N FEDERAL HWY.	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	AS	21 TITLE	Treasurer/Asst. Sec.	☒ Change ☐ Addition
NAME	SISLER, RON K	22 NAME	Melvin B. Seiden	
STREET ADDRESS	4800 N. FEDERAL HWY.	23 STREET ADDRESS	4800 N. Federal Hwy.	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	ABEL, MARTIN J	32 NAME		
STREET ADDRESS	4800 N FEDERAL HWY.	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	ABREU, MONICA	42 NAME		
STREET ADDRESS	4800 N FEDERAL HWY.	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Director	XX Change ☐ Addition
NAME	MAYER, STEPHEN F	52 NAME	Lee Neibart	
STREET ADDRESS	4800 N FEDERAL HWY.	53 STREET ADDRESS	4800 N. Federal Hwy.	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	Boca Raton, FL	
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)(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, added or deleted.

SIGNATURE: Monica L. Abreu 3/30/95 (407) 750-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

-0250015 CP