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 18 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H04374** **(5)**

1. Corporation Name

CORAL RIDGE, INC.

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	% C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/21/1984	03/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2609739 ☐ 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
(If changing Registered Agent, a typed name of registered agent is required.) (If changing Registered Agent, registered agent must sign.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	MURPHY, JAMES D., JR.	12 NAME		
STREET ADDRESS	304 HOLIDAY PARK DR.	13 STREET ADDRESS		
CITY ST ZIP	~~PITTSBURGH PA~~	14 CITY ST ZIP	Pittsburgh, PA 15239	
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	CLARKSON, JR, WILLIAM R	22 NAME		
STREET ADDRESS	~~1420 CENTER AVE APT 1001~~	23 STREET ADDRESS	205 Highland Road	
CITY ST ZIP	~~PITTSBURGH PA~~	24 CITY ST ZIP	Pittsburgh, PA 15238	
TITLE	V	31 TITLE	S	☒ Change ☐ Addition
NAME	~~CLARKSON, JR. WILLIAM R.~~	32 NAME	White, Stephen L.	
STREET ADDRESS	~~2011 BEECHWOOD BLVD.~~	33 STREET ADDRESS	229 Moreland Road	
CITY ST ZIP	~~PITTSBURGH PA~~	34 CITY ST ZIP	Pittsburgh, PA 15237	
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	KASPER, DAVID E.	42 NAME		
STREET ADDRESS	307 INDIAN RIDGE DR	43 STREET ADDRESS		
CITY ST ZIP	~~CORAOPOLIS PA~~	44 CITY ST ZIP	Moon Township, PA 15108	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
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)(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: James D. Murphy, Jr., President April 10, 1995 412-244-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0933092 CP