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 MAY -1 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H17578 (6)

1. Corporation Name
TILCON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
220 44TH TERRACE S.W. VERO BEACH FL 32968	~~220 44TH TERRACE S.W.~~ ~~VERO BEACH FL 32968~~ 69 Cache Cay Drive Vero Beach, FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1984
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 69 Cache Cay Dr.	26 69 Cache Cay Dr.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Vero Beach FL	28 City & State: Vero Beach FL
24 Zip: 32963 25 Country: USA	29 Zip: 32963 30 Country: USA

4. FEI Number: 59-2457375 ☐ 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 C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FENNELL, DARRELL
979 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: Lawrence A. Barkett
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2175 20th Street
84 City: Vero Beach FL 85 Zip Code: 32960

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: Lawrence A. Barkett 4/27/95
Signature, typed or printed name of registered agent and title if applicable — DATE. Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	PTS	☒ Change ☐ Addition
NAME	CONWAY, E.M., JR.	12 NAME	David Jaffe	
STREET ADDRESS	220 44TH TERRACE SW	13 STREET ADDRESS	69 Cache Cay Dr.	
CITY, ST, ZIP	VERO BEACH FL	14 CITY, ST, ZIP	Vero Beach FL 32963	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	CONWAY, SUZANNE	22 NAME		
STREET ADDRESS	220 44TH TERRACE SW	23 STREET ADDRESS		
CITY, ST, ZIP	VERO BEACH FL	24 CITY, ST, ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	JAFFE, DAVID	32 NAME		
STREET ADDRESS	69 CACHE CAY DRIVE	33 STREET ADDRESS		
CITY, ST, ZIP	VERO BEACH FL	34 CITY, ST, ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY, ST, ZIP		44 CITY, ST, ZIP		
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: David Jaffe 4/27/95 407 778-0552
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0078572 CP