FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995** Amend.

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 22840

1. Corporation Name.

FISHER ISLAND REALTY SALES, INC.

Principal Place of Business / Mailing Address

1 FISHER ISLAND DRIVE
FISHER ISLAND, FLORIDA 33109

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 9/26/1984
3a. Date of Last Report: 2/8/1995

2. Principal Place of Business (21) / 2a. Mailing Address (26): 1 Fisher Island Drive, Fisher Island, Fla.
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 591951242 ☐ 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

KLINE, ARTHUR J.
2665 S. BAYSHORE DRIVE, SUITE 903
COCONUT GROVE, FLA 33133

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	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	WEED, FRANK C.	1.2 NAME	
STREET ADDRESS	1 FISHER ISLAND DRIVE	1.3 STREET ADDRESS	800001430880
CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	1.4 CITY-ST-ZIP	-03/17/95--01061--023
TITLE	T/D	2.1 TITLE	*****61.25 ☒ Change 51 ☐ Addition
NAME	PALMAR, JOSEPH M.	2.2 NAME	
STREET ADDRESS	1 FISHER ISLAND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	RIORDAN, DANIEL	3.2 NAME	LEVINE, DENISE
STREET ADDRESS	1 FISHER ISLAND DRIVE	3.3 STREET ADDRESS	1 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	3.4 CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #