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 MAR 17 AM 10:44

DOCUMENT # H64767 (7)

1. Corporation Name

REAL ESTATE MANAGEMENT CORPORATION OF THE PALM B EACHES

Principal Place of Business	Mailing Address
3735 SHARES PLANE RIVIERA BEACH FL 33404	150 S. ANCHORAGE DR. NO. PALM BEACH FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1985
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 8693 Doverbrook Dr.
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): Palm Bch Gardens, FL
Zip (24) / Country (25)
Zip (29): 33410 / Country (30): USA

4. FEI Number: 59-2598993 — 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

FLOOD, ANITA M
~~150 S. ANCHORAGE DR.~~ 8693 DOVERBROOK DR.
~~NORTH PALM BEACH FL 33408~~ PALM BEACH GARDENS, FL 33410

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.

X SIGNATURE: Anita M. Flood — 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	FLOOD, ANITA M	1.2 NAME		
STREET ADDRESS	150 S. ANCHORAGE DR.	1.3 STREET ADDRESS	8693 DOVERBROOK	
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	P. B. GARDENS, FL 33410	
TITLE	ST	2.1 TITLE		☒ Change ☐ Addition
NAME	KIRCHNER, PATRICIA	2.2 NAME		
STREET ADDRESS	150 S. ANCHORAGE DRIVE	2.3 STREET ADDRESS	31530 PALM BLVD, W.	
CITY-ST-ZIP	NO PALM BEACH FL	2.4 CITY-ST-ZIP	SPANISH FORT, AL 36527	
TITLE	VPD	3.1 TITLE		☒ Change ☐ Addition
NAME	FLOOD, KENNETH V	3.2 NAME		
STREET ADDRESS	~~150 S ANCHORAGE DR~~ 8693 DOVERBROOK	3.3 STREET ADDRESS	8693 DOVERBROOK	
CITY-ST-ZIP	~~NO PALM BEACH FL~~ P. B. GARDENS, FL.	3.4 CITY-ST-ZIP	P. B. GARDENS, FL. 33410	
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		

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: Kenneth Flood — 3/10/95 — 407-626-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0247035 CP