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 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J43398 (3)

1. Corporation Name
BIRCH LANDINGS, INC.

Principal Place of Business:
2300 SE OCEAN BLVD
A4-118
STUART FL 34996
US

Mailing Address:
2300 SE OCEAN BLVD
A4-118
STUART FL 34996
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1986
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2746807 — 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

2. Principal Place of Business: 21 ____ Suite, Apt. # etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address: 26 ____ Suite, Apt. # etc. 27 ____ City & State 28 FL Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

ATKINSON, WILSON C. III
1946 TYLER STREET
APARTMENT 11C
HOLYWOOD FL 33020

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, KENNETH	1 NAME	
STREET ADDRESS	125 SUMMER STREET, #13	1 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1 CITY-ST-ZIP	
TITLE	DPT	2 TITLE	☒ Change ☐ Addition
NAME	ROBINSON, M.G.	2 NAME	
STREET ADDRESS	2300 SE OCEAN BLVD, A4-118	2 STREET ADDRESS	3893 S.W. WHISPERING SOUND DR
CITY-ST-ZIP	STUART FL	2 CITY-ST-ZIP	PALM CITY FL 34990
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: M. Gregg Robinson Pres 04-25-95 407-283-7162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — M. GREGG ROBINSON

Daytime Phone #

0381170 CP