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 FEB 28 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J45374** (2)

1. Corporation Name
TRANSEASTERN PROPERTIES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7522 WILES RD #203 CORAL SPRINGS FL 33067	3300 UNIVERSITY DRIVE CORAL SPRINGS FL 33065

500001419425
-03/02/95--01068--005
DO NOT WRITE ON THIS SPACE ****208.75

3. Date Incorporated or Qualified: 12/04/1986
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21: 3300 University Dr.
Suite, Apt. #, etc. 22:
City & State 23: Coral Springs FL
Zip 24: 33065 Country 25: USA

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

4. FEI Number: 59-2745379 ☐ 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

FALCONE, ARTHUR
7522 WILES RD. #203
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3300 University Drive
83:
84 City: Coral Springs FL 85 Zip Code: 33065

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	DPS	1.1 TITLE	☒ Change ☐ Addition
NAME	FALCONE, ARTHUR	1.2 NAME	
STREET ADDRESS	~~7522 WILES RD #203~~	1.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	33065
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	FALCONE, EDWARD	2.2 NAME	
STREET ADDRESS	~~7522 WILES RD #203~~	2.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	33065
TITLE	VT	3.1 TITLE	☒ Change ☐ Addition
NAME	CUCCI, PHIL	3.2 NAME	
STREET ADDRESS	~~7522 WILES RD #203~~	3.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	33065
TITLE	VP	4.1 TITLE	VP ☐ Change ☒ Addition
NAME	CORA DiFiore	4.2 NAME	CORA DiFiore
STREET ADDRESS	~~3300~~	4.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL Springs, FL 33065
TITLE		5.1 TITLE	VP ☐ Change ☒ Addition
NAME		5.2 NAME	LARRY NICHOLSON
STREET ADDRESS		5.3 STREET ADDRESS	3300 University Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	T15.
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 above, or on an attachment with an address.

SIGNATURE: _____, Vice Pres. 2-27-95 (305) 346-9700
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100477 CP