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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:34

DOCUMENT # **J48287** (3)

1. Corporation Name
AMIREIT (PALM BEACH GARDENS), INC.

Principal Place of Business	Mailing Address
% THE PRENTICE-HALL CORPROATION SYSTEM INC FIRST FLORIDA BANK BUILDING SUITE 420 TALLAHASSEE FL 32301	6400 S. FIDDLER'S GREEN CR. STE 1800 ENGLEWOOD CO 80111 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1986	3a. Date of Last Report: 04/11/1994
4. FEI Number: 95-4085969	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOSEPH P	12 NAME	
STREET ADDRESS	6400 S FIDDLER'S GREEN CR. SE 1800	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	and Vice President ☐ Change ☒ Addition
NAME	STREUFERT, VICTOR C.	22 NAME	
STREET ADDRESS	6400 S FIDDLERS GREEN CR. STE 1800	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	24 CITY-ST-ZIP	
TITLE		31 TITLE	Director, Secretary & Vice Pres. ☐ Change ☒ Addition
NAME		32 NAME	LEWIS, GEOFFREY
STREET ADDRESS		33 STREET ADDRESS	6400 S. FIDDLER'S GREEN CR. STE. 1800
CITY-ST-ZIP		34 CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE		41 TITLE	Vice President ☐ Change ☒ Addition
NAME		42 NAME	SCHONERT, C. GREGORY
STREET ADDRESS		43 STREET ADDRESS	6400 S. FIDDLER'S GREEN CR. STE 1800
CITY-ST-ZIP		44 CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE		51 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME		52 NAME	McGEE, MICHAEL J.
STREET ADDRESS		53 STREET ADDRESS	6400 S. FIDDLER'S GREEN CR. STE 1800
CITY-ST-ZIP		54 CITY-ST-ZIP	ENGLEWOOD, CO 80111
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: Geoffrey D. Lewis - 2/7/95 303/796-9793
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #

0470038 FP