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 APR 18 PM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J97648** **(6)**

1. Corporation Name
TOMLINSON DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
% ROBERT S. FORMAN, ESQ. 200 E. LAS OLAS BLVD., #1400 FORT LAUDERDALE FL 33301 US	% ROBERT S. FORMAN, ESQ. 200 E. LAS OLAS BLVD., #400 FORT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2101 W Commercial Blvd	26 2101 W Commercial Blvd
Suite, Apt. #, etc. 22 Suite 4100	Suite, Apt. #, etc. 27 Suite 4100
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

4. FEI Number: 65-0046128 ☐ 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	10. Name and Address of New Registered Agent
FORMAN, ROBERT S., ESQ. 200 E. LAS OLAS BLVD SUITE 1400 FORT LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2101 W Commercial Boulevard 83 Suite 4100 84 City: Fort Lauderdale FL 85 Zip Code: 33309

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	STD	1.1 TITLE	☒ Change ☐ Addition
NAME	TOMLINSON, R. W.	1.2 NAME	
STREET ADDRESS	6527 CLUB HOUSE CIRCLE	1.3 STREET ADDRESS	6701 N W 70 Place
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Parkland, FL 33067
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	TOMLINSON, HAROLD	2.2 NAME	
STREET ADDRESS	800 E BROWARD BLVD #608	2.3 STREET ADDRESS	6701 N W 70 Place
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Parkland, FL 33067
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: _____ 4/6/95 (407) 368-0980
SIGN TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP