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
95 JAN 25 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J98518 (0)

1. Corporation Name
TOM FALLON REALTY, INC.

Principal Place of Business	Mailing Address
6363 TAFT ST. HOLLYWOOD FL 33024	6363 TAFT ST. HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1987
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 05-1264278 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☒ $0.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ ~~$5.00~~ May Be Added to Fee
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FALLON, THOMAS LOUIS
~~2114 N. 44 AVENUE~~ 4200 SHERIDAN ST #408
HOLLYWOOD HILLS FL 33021

10. Name and Address of New Registered Agent

81 Name: FALLON THOMAS LOUIS
82 Street Address (P.O. Box Number is Not Acceptable): 4200 SHERIDAN ST. # 408
83
84 City: Hollywood FL 85 Zip Code: 33021

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	PST	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	FALLON, THOMAS LOUIS	1.2 NAME	FALLON, THOMAS LOUIS
STREET ADDRESS	2114 N. 44 AVENUE	1.3 STREET ADDRESS	4200 SHERIDAN ST #408
CITY-ST-ZIP	HOLLYWOOD HILLS FL	1.4 CITY-ST-ZIP	Hollywood - FL 33021
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FALLON, THOMAS LOUIS	2.2 NAME	Same ↑
STREET ADDRESS	2114 N. 44 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD HILLS FL	2.4 CITY-ST-ZIP	
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: Thomas F. Fallon 1-20-95 Dav 987 6747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007047 CP