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

TALLAHASSEE, FLORIDA

DOCUMENT # **K10533** (3)

1. Corporation Name
SOUTH GATE (FLA.) THIS END UP, INC.

Principal Place of Business: 1309 EXCHANGE ALLEY, RICHMOND VA 23219

Mailing Address: 1309 EXCHANGE ALLEY, RICHMOND VA 23219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 54-1444443 — Applied For / Not Applicable

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 / Zip — 29 / Country — 30

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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
SUITE 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	~~QURAESH, CHADID~~	1 NAME	
STREET ADDRESS	~~ONE THEALL RD~~	1 STREET ADDRESS	
CITY-ST-ZIP	~~RYE NY~~	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, ARTHUR V.	2 NAME	
STREET ADDRESS	3000 WESTCHESTER AVENUE	2 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY	2 CITY-ST-ZIP	
TITLE	DP	3 TITLE	☑ Change ☐ Addition
NAME	~~MCELHINNEY, DOUGLAS H.~~	3 NAME	Kemeny, Robert
STREET ADDRESS	1309 EXCHANGE ALLEY	3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	3 CITY-ST-ZIP	
TITLE	V	4 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JEFFREY L.	4 NAME	
STREET ADDRESS	1309 EXCHANGE ALLEY	4 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	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 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: VP — 4/26/95 — 804 644 1248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0000719 CP