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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 MAR -9 AM 8:44

DOCUMENT # K37842 (7)

1. Corporation Name
PALM SHORE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
% JAMES P. SPILLIS 14120 S.W. 78TH AVE. MIAMI FL 33158	% JAMES P. SPILLIS 14120 S.W. 78TH AVE. MIAMI FL 33158

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1988
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 313 Little Miss Muffet Ln
22: Suite, Apt. #, etc.
23: City & State: Key Largo, FL
24: Zip: 33037
25: Country: USA

2a. Mailing Address
26: 313 Little Miss Muffet Ln
27: Suite, Apt. #, etc.
28: City & State: Key Largo, FL.
29: Zip: 33037
30: Country: USA

4. FEI Number: 65-0182981 ☐ 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

SPILLIS, JAMES P.
14120 S.W. 78TH AVE.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: James A. Falconer
82 Street Address (P.O. Box Number is Not Acceptable): 313 Little Miss Muffett Lane
83:
84 City: Key Largo, 85 FL Zip Code: 33037

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: James A. Falconer JAMES A. FALCONER DATE: 3-6-95
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	D	1.1 TITLE	D, P	☒ Change ☐ Addition
NAME	SPILLIS, JAMES P.	1.2 NAME	FALCONER, JAMES A.	
STREET ADDRESS	14120 S.W. 78TH AVE.	1.3 STREET ADDRESS	313 Little Miss Muffett Lane	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		2.1 TITLE	D, V,	☐ Change ☒ Addition
NAME		2.2 NAME	ROBERT BRODKIN	
STREET ADDRESS		2.3 STREET ADDRESS	422 Thumper Thoroughfare	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Key Largo, FL 33037	
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: James A. Falconer 3-6-95 (305) 852-3173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JAMES A. FALCONER

0200481 CP