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

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DIVISION OF CORPORATIONS
95 MAR 13 AM 10:29

DOCUMENT # K49767 (2)

1. Corporation Name
FRCA - SUNSCAPE CORP.

Principal Place of Business	Mailing Address
C/O FIRST REPUBLIC CORP OF AMERICA 302 5TH AVE 6TH FL NEW YORK NY 10001	C/O FIRST REPUBLIC CORP OF AMERICA 302 5TH AVE 6TH FL NEW YORK NY 10001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1988
3a. Date of Last Report: 03/24/1994

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)

4. FEI Number: 57-0880227 ☐ 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

MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVE
MELBOURNE FL 32901

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOBROW, IRVING S.	1.2 NAME	
STREET ADDRESS	302 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HALPER, NORMAN A.	2.2 NAME	
STREET ADDRESS	302 5TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	BERGMAN, HARRY	3.2 NAME	
STREET ADDRESS	302 FIFTH AVE	3.3. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	~~DD~~	4.1 TITLE	☒ Change ☐ Addition
NAME	~~ROSEN, A. A.~~	4.2 NAME	CHAIRMAN OF THE BOARD/DIRECTOR
STREET ADDRESS	~~302 5TH AVE~~	4.3 STREET ADDRESS	ROSEN, JONATHAN P.
CITY-ST-ZIP	~~NEW YORK NY~~	4.4 CITY-ST-ZIP	302 FIFTH AVENUE, NEW YORK, NY 10001
TITLE	~~DV~~	5.1 TITLE	☒ Change + ☒ Addition
NAME	~~ROSEN, JONATHAN~~	5.2 NAME	VICE PRESIDENT/DIRECTOR
STREET ADDRESS	~~302 5TH AVE~~	5.3 STREET ADDRESS	NIMKOFF, ROBERT L.
CITY-ST-ZIP	~~NEW YORK NY~~	5.4 CITY-ST-ZIP	302 FIFTH AVENUE, NEW YORK, NY 10001
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, WILLIAM M.	6.2 NAME	
STREET ADDRESS	302 5TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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: [signature] Treas 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0306435 FP