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 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K73394 (4)

1. Corporation Name
D.R.F. OF PALM COAST, INC.

Principal Place of Business
UNIT NO. 16, WAL-MART PLAZA
7 OLD KINGS ROAD
PALM COAST FL 32137

Mailing Address
UNIT NO. 16, WAL-MART PLAZA
7 OLD KINGS ROAD
PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2942837 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip 25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 30 Country

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FINERMAN, DANIEL
UNIT NO. 16, WAL-MART PLAZA
7 OLD KINGS ROAD
PALM COAST FL 32037

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	
TITLE	DP
NAME	FINERMAN, DANIEL
STREET ADDRESS	55 WESTMINSTER DR.
CITY-ST-ZIP	PALM COAST FL
TITLE	VD
NAME	FINERMAN, ROSANNE
STREET ADDRESS	55 WESTMINSTER DR.
CITY-ST-ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition, six blocks, blank)

14. I hereby certify that the information supplied with this filing is complete, and that the corporation qualifies for the exemption stated in Section 119.07(3), Florida Statutes. I further certify that these details are true and correct, 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: Daniel Finerman — DANIEL FINERMAN 4/29/95 445-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012962 CP