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 APR 19 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75009 (6)

1. Corporation Name

CORALM ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
%CORAL M. BAILEY 4529 SQUARE LAKE DRIVE PALM BEACH GARDENS FL 33418	%CORAL M. BAILEY 4529 SQUARE LAKE DRIVE PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 03/23/1989
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0104816 ☐ 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	10. Name and Address of New Registered Agent
CAPOBIANCO, ROBERT 4529 SQUARE LAKE DRIVE PALM BEACH GARDENS FL 33418	81 Name: CORAL M. BAILEY 82 Street Address (P.O. Box Number is Not Acceptable): 4529 SQUARE LAKE DR 83: PALM BEACH GARDENS, FL 84 City: FL 85 Zip Code: 33418

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: Coral M Bailey 4/13/95
(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	P/S	1.1 TITLE	P/VP/T/S	☒ Change ☐ Addition
NAME	BAILEY, CORAL M.	1.2 NAME	CAPOBIANCO, ROBERT L	
STREET ADDRESS	34529 SQUARE LAKE DR	1.3 STREET ADDRESS	4529 SQUARE LAKE DR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	CAPOBIANCO, ROBERT L.	2.2 NAME		
STREET ADDRESS	4529 SQUARE LAKE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	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, added or deleted in attachment with an address.

SIGNATURE: T/P Capobianco President 4/13/95 4076275441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP