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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:29

DOCUMENT # K79342 (7)

1. Corporation Name
WEST CAROLINA PROPERTIES, INC.

Principal Place of Business	Mailing Address
[illegible] US	[illegible] US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1989	3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0123805	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 101 Worth Avenue	26 90 Franklin Street
Suite, Apt. #, etc. 22 #5B	Suite, Apt. #, etc. 27
City & State 23 Palm Beach, FL	City & State 28 Belleville, NJ
Zip 24 33480 Country 25 Palm Beach	Zip 29 07109 Country 30 Essex

9. Name and Address of Current Registered Agent

~~HENRY THORNTON M.~~
~~505 S FLAGLER DR~~
~~SUITE 1100~~
~~W PALM BEACH FL 33402~~

10. Name and Address of New Registered Agent

81 Name: CHARLOTTE D. IGOE AMAR
82 Street Address (P.O. Box Number is Not Acceptable): 101 Worth Avenue
83
84 City: Palm Beach FL 85 Zip Code: 33480

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] Charlotte D. Igoe, President 2/14/95
Signature, Title 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	PSD	1.1 TITLE	☒ Change ☐ Addition
NAME	IGOE, CHARLOTTE	1.2 NAME	
STREET ADDRESS	101 WORTH AVE., #513	1.3 STREET ADDRESS	101 Worth Avenue, 5B
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		2.2 NAME	Leon E. Rubio, P.A.
STREET ADDRESS		2.3 STREET ADDRESS	90 Franklin Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Belleville, NJ 07109
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: [signature] Charlotte D. Igoe, President 2/14/95 407 833 1451
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0261877 CR