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

DOCUMENT # K80787 (0)

1. Corporation Name

AERIE CONCEPT DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
% STEVEN I. GREENWALD ESQ 6971 N FEDERAL HWY #105 BOCA RATON FL 33487-1698	% STEVEN I. GREENWALD ESQ 6971 N FEDERAL HWY #105 BOCA RATON FL 33487-1698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1989
3a. Date of Last Report: 05/01/1994

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

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

4. FEI Number: 65-0167200 ☐ 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

GREENWALD, STEVEN I. ESQ
6971 N FEDERAL HWY
SUITE 105
BOCA RATON FL 33431

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	TOMKINS, LEIGHTON RAY JR	12 NAME	
STREET ADDRESS	% 6971 N FEDERAL HWY 105	13 STREET ADDRESS	62 SE 10 St.
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Deerfield Bch, FL.
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	TOMKINS, LEIGHTON RAY SR	22 NAME	
STREET ADDRESS	% 6971 N FEDERAL HWY 105	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	Sec/Treas.	31 TITLE	☐ Change ☐ Addition
NAME	Debna Tomkins	32 NAME	
STREET ADDRESS	62 SE 10 St	33 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Bch, FL 33441	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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] 4-25-95 305-427-9275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Leighton R. Tomkins, Jr.

02780015 CP