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 MAR -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02589 (4)

1. Corporation Name
ANDREW HARRIS REALTY CORP.

Principal Place of Business
20365 MONTEVERDI CIR.
BOCA RATON FL 33498
US

Mailing Address
6574 N. STATE RD. 7
SUITE 214
COCONUT CREEK FL 33073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1989
3a. Date of Last Report: 03/22/1994

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

2a. Mailing Address
26 20365 Monteverdi Circle
Suite, Apt. #, etc. 27 —
City & State 28 Boca Raton
Zip 29 33498 Country 30 Palm Beach

4. FEI Number: 65-0130928 ☐ 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

SCHLOSSER, GERALD
6594 N STATE RD 7
SUITE 214
COCONUT CREEK FL 3307

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 20365 Monteverdi Circle
83
84 City: Boca Raton FL 85 Zip Code: 33498

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

TITLE	DVP
NAME	SCHLOSSER, GERALD
STREET ADDRESS	5851 HOLMBERG RD 2814
CITY-ST-ZIP	PARKLAND FL
TITLE	DP
NAME	SCHLOSSER, RENEE
STREET ADDRESS	5851 HOLMBERG RD 2814
CITY-ST-ZIP	PARKLAND 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

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	20365 Monteverdi Circle
1.4 CITY-ST-ZIP	Boca Raton, FL 33498
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	20365 Monteverdi Circle
2.4 CITY-ST-ZIP	Boca Raton, FL 33498
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: Gerald Schlosser — Gerald Schlosser 1/10/95 305 646-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0115818 CR