FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90047 024 ***150.00

DOCUMENT # L12442

1. Corporation Name

THE RETREAT COMPANY

Principal Place of Business	Mailing Address
LAS OLAS CTR 450 E LAS OLAS BLVD 900 FT. LAUDERDALE FL 33301 US	LAS OLAS CTR 450 E LAS OLAS BLVD 900 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 08/30/1989

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0142278	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	**10. Name and Address of New Registered Agent**
HORVITZ, WILLIAM D LAS OLAS CTR 450 E LAS OLAS BLVD 900 MIAMI FL 33301	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 _____
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 DPST ☐ DELETE NAME HORVITZ, WILLIAM D. STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900 CITY-ST-ZIP FT. LAUDERDALE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE V ☐ DELETE NAME HORVITZ, DAVID W. STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900 CITY-ST-ZIP FT. LAUDERDALE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE V ☐ DELETE NAME ~~LUKE, DOUGLAS S~~ STREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900 CITY-ST-ZIP FT. LAUDERDALE FL		3.1 TITLE 3.2 NAME *F. MELVIN BURTON* 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☑ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_

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

CR2E034 (11/98)

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