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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:49

DOCUMENT # L41118 (5)

1. Corporation Name
CARRIER & DICKINSON REAL ESTATE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% ROBERT A. CHAVES 9100 S. DADELAND BLVD., SUITE 1707, PHI MIAMI FL 33156	% ROBERT A. CHAVES 9100 S. DADELAND BLVD., SUITE 1707, PHI MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1990	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0183075	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 31 Ocean Reef Drive
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 Suite A-101
City & State: 23	City & State: 28 Key Largo, FL
Zip: 24 / Country: 25	Zip: 29 33037 / Country: 30

9. Name and Address of Current Registered Agent

M & W AGENTS, INC.
ONE DATRAN CNTR, PHI
9100 S DADELAND BLVD
MIAMI 33156

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTV	11 TITLE	☐ Change ☐ Addition
NAME	CARRIER, CRAWFORD P.	12 NAME	
STREET ADDRESS	31 OCEAN REEF DR #A-101	13 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DICKINSON, WILLIAM H	22 NAME	
STREET ADDRESS	31 OCEAN REEF DR A101	23 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 (We) hereby certify that the information indicated on this report or supplemental report is true and accurate and that my (our) signature(s) 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 with an indication for a change, or on an attached sheet with an indication.

SIGNATURE: William H. Dickinson 2/9/95 305-367-2336

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0420502 FP