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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L53126 (3)

1. Corporation Name
LOYA, INC.

Principal Place of Business	Mailing Address
3653 S FEDERAL HIGHWAY 33483Y BCH FL 33435 US	1 VIRGINIA GARDEN DELRAY BEACH FL 33483 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1990
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 1 Virginia Garden
City & State: 23 Delray Beach, FL
Zip: 24 33483 Country: 25 US

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

4. FEI Number: 65-0190851 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FAY, ROBERT JOSEPH
1 VIRGINIA GARDEN
DELRAY BEACH FL 33483

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mailing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	V ☒ Change ☐ Addition
NAME	DELHAES, ROBERT	12 NAME	Delhaes, Robert
STREET ADDRESS	2 MOCKINGBIRD LN.	13 STREET ADDRESS	2 Mockingbird LN.
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	Delray Beach FL
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	FAY, ROBERT JOSEPH	22 NAME	
STREET ADDRESS	1 VIRGINIA GARDEN	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	PRYOR, GREG	32 NAME	eliminated
STREET ADDRESS	2923 S FEDERAL HWY.	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PRYOR, GREG	42 NAME	
STREET ADDRESS	2923 S FEDERAL HWY	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	DELHAES, ROBERT	52 NAME	
STREET ADDRESS	2 MOCKINGBIRD LANE	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE	[illegible]	61 TITLE	P ☐ Change ☒ Addition
NAME		62 NAME	Mike Coffield
STREET ADDRESS		63 STREET ADDRESS	1 Virginia Garden
CITY-ST-ZIP		64 CITY-ST-ZIP	Delray Beach, FL.

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 added on an attachment with an address.

SIGNATURE: [signature] Robert J. Fay (Secretary) 1MAY 95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date

(407) 736-5995
Daytime Phone #

0278490 CF