FILE NOW: FILING FEE-AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 AM 4:43
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M49408 (1)

1. Corporate Name

BLUE PALM PROPERTIES INC.

Principal Place of Business	Mailing Address
C/O PERLMAN & FABER, P.A. 799 BRICKELL PLAZA MIAMI FL 33131 US	C/O PERLMAN & FABER, P.A. 799 BRICKELL PLAZA MIAMI FL 33231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2793622 — 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

2. Principal Place of Business 21 — 2a. Mailing Address 26
Suite, Apt. #, etc. 22 — Suite, Apt. #, etc. 27
City & State 23 — City & State 28
Zip 24 — Country 25 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERLMAN AND FABER, P.A. 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131	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	PST	1 TITLE ☐ Change ☐ Addition
NAME	PERLMAN, GEORGE D.	1 NAME
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	1 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP
TITLE	D	2 TITLE ☐ Change ☐ Addition
NAME	PERLMAN, GEORGE D.	2 NAME
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	2 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP
TITLE		3 TITLE ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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)(x), 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] GEORGE D. PERLMAN, President 4/17/95 305 374 5646.

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

0129719 CP

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

FILED
95 ... 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **M49686** **(2)**

1. Corporation Name

SPRING LAKE CLUB, INC.

Principal Place of Business	Mailing Address
100 CLUBHOUSE LANE SEBRING FL 33870	100 CLUBHOUSE LANE SEBRING FL 33870

3. Date Incorporated or Qualified: 04/03/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2796326 ☐ 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	10. Name and Address of New Registered Agent
TELLSCHOW, MICHAEL A. 6417 LAKESHORE RD SEBRING FL 33870	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	P	11 TITLE	☐ Change ☐ Addition
NAME	TELLSCHOW, MICHAEL A.	12 NAME	
STREET ADDRESS	6417 LAKESHORE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MIX, LOUISE	22 NAME	
STREET ADDRESS	1021 GREENWOOD TERR	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING 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 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 the 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: Louise Mix LOUISE MIX 4/27/95 813-655-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0314380 CP