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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:24

DOCUMENT # M66010 (3)

1. Corporation Name
ALLEN MANAGEMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3317 NW 10 TERRACE SUUTE 409 STE 409 FORT LAUDERDALE FL 33309 US	PO BOX 100527 FORT LAUDERDALE FL 33310 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1988
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0026218 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate 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 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
BORKSON, ELLIOT P. NEW RIVER CTR 200 E LAS OLAS BLVD, STE 1900 FT. LAUDERDALE 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS (IN 1,)	
16 TYPE	D	11 TYPE	☐ Change ☐ Addition
17 NAME	GORDON, ALLEN	12 NAME	
18 STREET ADDRESS	3508 BAYSHORE VILLAS DRIVE	13 STREET ADDRESS	
19 CITY ST ZIP	COCONUT GROVE FL	14 CITY ST ZIP	
20 TYPE		21 TYPE	☐ Change ☐ Addition
21 NAME		22 NAME	
22 STREET ADDRESS		23 STREET ADDRESS	
23 CITY ST ZIP		24 CITY ST ZIP	
24 TYPE		41 TYPE	☐ Change ☐ Addition
25 NAME		42 NAME	
26 STREET ADDRESS		43 STREET ADDRESS	
27 CITY ST ZIP		44 CITY ST ZIP	
28 TYPE		45 TYPE	☐ Change ☐ Addition
29 NAME		46 NAME	
30 STREET ADDRESS		47 STREET ADDRESS	
31 CITY ST ZIP		48 CITY ST ZIP	
32 TYPE		49 TYPE	☐ Change ☐ Addition
33 NAME		50 NAME	
34 STREET ADDRESS		51 STREET ADDRESS	
35 CITY ST ZIP		52 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this 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 I am aware any false information submitted in a document to the Department of State for filing may result in a fine, imprisonment or both.

SIGNATURE: X Allen Gordon 1-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

0433219 FP