SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000002333 (2)

1. Corporation Name
DOWNTOWN SUPPORT GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ESPERANTE, SUITE 1400 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401	ESPERANTE, SUITE 1400 222 LAKEVIEW AVENUE WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:
4. FEI Number: 65-0562892 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. 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
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

PALMER, ADAM D
ESPERANTE, SUITE 1400
222 LAKEVIEW AVENUE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

61 Name: BAROFSKY, STEVE
62 Street Address (P.O. Box Number is Not Acceptable): 222 LAKEVIEW AVE, SUITE 168
63: SUITE 168
64 City: W. PALM BEACH FL 65 Zip Code: 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: 6/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BAROFSKY, STEVE	1.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVENUE, SUITE 168	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANDENBURG, GARY	2.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVENUE, SUITE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ELHILOW, MARK	3.2 NAME	
STREET ADDRESS	215 5TH STREET, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KINO, GREGORY S	4.2 NAME	
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 1900	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LANE, MARY H	5.2 NAME	
STREET ADDRESS	329 CLEMATIS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MULLIN, DEBORAH	6.2 NAME	
STREET ADDRESS	P.O. BOX 66	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ STEVE BAROFSKY 6/9/95 407 r3266 11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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