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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P07691 (9)

1. Corporation Name
FLORIDA ROWING CENTERS, INC.

Principal Place of Business	Mailing Address
12230 FOREST HILL BLVD. ~~13100 FOREST HILL BLVD.~~ WEST PALM BCH. FL 33414 US	1140 FIFTH AVE. ~~13198 FOREST HILL BLVD.~~ NEW YORK NY 10128 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1985	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2585233	☐ 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	2a. Mailing Address
21 12230 FOREST HILL BLVD.	26 1140 FIFTH AVENUE
22 Suite, Apt. #, etc.	27 8A
23 City & State: WEST PALM BEACH, FL.	28 City & State: NEW YORK, NY
24 Zip: 10128 25 Country: PALM BEACH	29 Zip: 10128 30 Country: NEW YORK

9. Name and Address of Current Registered Agent

FRAIMAN, ARNOLD GUY
% PALM BEACH POLO AND COUNTRY CLUB
13198 FOREST HILL BLVD.
W. PALM BEACH FL 33414

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FRAIMAN, ARNOLD GUY	1.2 NAME	
STREET ADDRESS	1140 FIFTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	FRAIMAN, GENEVIEVE L.	2.2 NAME	
STREET ADDRESS	1140 FIFTH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FRAIMAN, GENEVIEVE L.	3.2 NAME	
STREET ADDRESS	1140 FIFTH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arnold G Fraiman ARNOLD GUY FRAIMAN 3/10/95 212-996-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478731 FP