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 MAR -8 PM 2:01

DOCUMENT # **P18220** **(4)**

1. Corporation Name
FIRST SHANNON REALTY OF NORTH CAROLINA, INC.

Principal Place of Business	Mailing Address
7520 E INDEPENDENCE BLVD #240 CHARLOTTE NC 28227	7520 E INDEPENDENCE BLVD #240 CHARLOTTE NC 28227

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/29/1988	3a. Date of Last Report: 04/06/1994
4. FEI Number: 31-1216427	☐ 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 7508 E. Independence Blvd	26 7508 E INDEPENDENCE BLVD
Suite, Apt. #, etc.: 22 130	Suite, Apt. #, etc.: 27 130
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	ZMUDA, PHIL	1.2 NAME	
STREET ADDRESS	7520 E INDEPENDENCE BLV	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	AHLBERG,JONATHAN	2.2 NAME	
STREET ADDRESS	7520 E INDEPENDENCE BLV	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	HESS, MARK	3.2 NAME	
STREET ADDRESS	4500 DORR ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GREENWALD, DENNIS	4.2 NAME	
STREET ADDRESS	4500 DORR ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☑ Change ☐ Addition
NAME	DELMIRO, A. GHA	5.2 NAME	Delmiro A. Ghia
STREET ADDRESS	7520 E. INDEPENDENCE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SHULTZ, ED	6.2 NAME	
STREET ADDRESS	4500 DORR ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	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 above, or on an attachment with an address.

SIGNATURE: Delmiro A. Ghia 2/25/95 7245365700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308110 FP