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

APPROVED AND FILED

95 APR 18 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40864** **(1)**

1. Corporation Name
GRACE TARPON INVESTORS, INC.

Principal Place of Business	Mailing Address
ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010	ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1992**
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 / County 24 / 25	Zip / County 29 / 30

4. FEI Number: **65-0344213** ☐ 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. 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
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 registering agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BOLDUC, J.P.	12 NAME		
STREET ADDRESS	3000 S OCEAN BLVD	13 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, B.J.	22 NAME		
STREET ADDRESS	5103 CORONADO RIDGE	23 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, D. WALTER	32 NAME		
STREET ADDRESS	17096 CASTLEBAY COURT	33 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP		
TITLE	V	41 TITLE	VP & Ass't Treasurer	☒ Change ☐ Addition
NAME	CHADER, G.H.	42 NAME		
STREET ADDRESS	21712 CLUB VILLA TERRACE	43 STREET ADDRESS	60 Ravine Avenue	
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	Wyckoff, NJ 07481	
TITLE	S	51 TITLE		☒ Change ☐ Addition
NAME	LAMM, R.B.	52 NAME		
STREET ADDRESS	5168 MAJORCA CLUB DRIVE	53 STREET ADDRESS	2588 NW 64th Blvd.	
CITY ST ZIP	BOCA RATON FL	54 CITY ST ZIP	Boca Raton, FL	
TITLE	T	61 TITLE	VP & Treasurer	☒ Change ☐ Addition
NAME	HOUCHIN, P.D.	62 NAME		
STREET ADDRESS	11900 NW 5TH STREET	63 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	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 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 added to the report with my address.

SIGNATURE: _____ P.D. Houchin 4/10/95 407-362-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0870410 CP