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 26 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000866 (3)

1. Corporation Name
GHO TAMARAC III, INC.

Principal Place of Business	Mailing Address
1287E NEWPORT CNTR DR 209 DEERFIELD BCH FL 33442 US	1287 E NEWPORT CNTR DR 209 DEERFIELD BCH FL 33442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5670 Corporate Way	26 5670 Corporate Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33407 / 25 PB	Zip / Country 29 33407 / 30 PB

4. FEI Number: 65-0372846 ☐ 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

9. Name and Address of Current Registered Agent

HANDLER, WILLIAM
1278 E. NEAPORT CENTER DRIVE
SUITE 209
DEERFIELD FL 33442

10. Name and Address of New Registered Agent

81 Name: Handler, William Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 5670 Corporate Way
83
84 City: West Palm Beach FL 85 Zip Code: 33407

11. Pursuant to the provisions of Section 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: _____ William Handler, Esq 2/22/95
Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	X Change ☐ Addition
NAME	HANDLER DAN	1.2 NAME	Handler, Dan	
STREET ADDRESS	1287 E NEWPORT CNTR DR	1.3 STREET ADDRESS	5670 Corporate Way	
CITY-ST-ZIP	DEERFIELD BCH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	VPSD	2.1 TITLE	VPSD	X Change ☐ Addition
NAME	HANDLER, BRETT	2.2 NAME	Handler, Brett	
STREET ADDRESS	1287 E NEWPORT CENTR DR #209	2.3 STREET ADDRESS	5670 Corporate Way	
CITY-ST-ZIP	DEERFIELD BCH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	VPTD	3.1 TITLE	VPTD	X Change ☐ Addition
NAME	HANDLER, WILLIAM	3.2 NAME	Handler, William	
STREET ADDRESS	1287 E NEWPORT CNTR DR #209	3.3 STREET ADDRESS	5670 Corporate Way	
CITY-ST-ZIP	DEERFIELD BCH F	3.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
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: _____ 4/14/95 6.88-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264432 CP