

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002543 (6)

1. Corporation Name
ROUTE 454 CORP.



Principal Place of Business

5255 N. FEDERAL HWY.
SUITE 100
BOCA RATON FL 33487

Mailing Address

5255 N. FEDERAL HWY.
SUITE 100
BOCA RATON FL 33487

3. Date Incorporated or Qualified 10/27/1992	3a. Date of Last Report 07/07/1995
4. FEI Number 65-0371357	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	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21 302 ROYAL POINCIANA WAY Suite, Apt. #, etc.	26 302 ROYAL POINCIANA WAY Suite, Apt. #, etc.
22 City & State 23 PALM BEACH, FLORIDA	27 City & State 28 PALM BEACH, FLORIDA
24 Zip 33480 25 Country	29 Zip 33480 30 Country

9. Name and Address of Current Registered Agent

FISHER, JEFFREY H
5255 N. FEDERAL HWY.
SUITE 100
BOCA RATON FL 33487

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 302 ROYAL POINCIANA WAY
83	
84 City PALM BEACH	85 Zip Code FL

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

Signature typed or printed (and the printed name of the signatory) in Block 12.

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	FISHER, JEFFREY H	
STREET ADDRESS	5255 N. FEDERAL HWY.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	302 ROYAL POINCIANA WAY
1.3 STREET ADDRESS	PALM BEACH, FLORIDA 33480
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

(407) 835-1800

Daytime Phone

CR2E034 (12/95)