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 MAY -1 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011964 (3) PW 688

1. Corporation Name
FLORIDA SPANISH RIVER CENTRE, INC.

Principal Place of Business
260 LONG RIDGE ROAD
STAMFORD CT 06927

Mailing Address
260 LONG RIDGE ROAD
STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1992
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0384219 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 GE CAPITAL CORPORATION
Suite, Apt #, etc
27 P.O. BOX 9552
FT. MYERS, FL 33906-9552
City & State
28 Attn: Shannon Williams
Zip 29 Country 30

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
C T CORPORATION SYSTEM
1200 SOUTH 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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	A/T ☐ Change ☒ Addition
NAME	SIWULEC, ANDREW P	12 NAME	Oscar Garza
STREET ADDRESS	499 THORNALL ST	13 STREET ADDRESS	4211 Metro Parkway
CITY ST ZIP	EDISON NJ 08837	14 CITY ST ZIP	Ft Myers, FL 33916
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	SASSAMAN, DENNIS	22 NAME	
STREET ADDRESS	499 THORNALL ST	23 STREET ADDRESS	
CITY ST ZIP	EDISON NJ 08837	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCHIAVETTI, ALFRED J	32 NAME	
STREET ADDRESS	499 THORNALL ST	33 STREET ADDRESS	
CITY ST ZIP	EDISON NJ 08837	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	EBBERT, DONALD W	42 NAME	
STREET ADDRESS	499 THORNALL ST.	43 STREET ADDRESS	
CITY ST ZIP	EDISON NJ	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	SPERGER, JOHN M	52 NAME	
STREET ADDRESS	499 THORNALL ST.	53 STREET ADDRESS	
CITY ST ZIP	EDISON NJ	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	SCHERER, BRADLEY A	62 NAME	
STREET ADDRESS	1601 BELVEDERE RD., #110E	63 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL 33401	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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT TREASURER STATE TAXES Date 4/27/95

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