SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:24
95 AUG -9 PM 12:29

DOCUMENT # P93000008622 (1)

1. Corporation Name
GRAHAM ROAD HOLDING COMPANY

Principal Place of Business	Mailing Address
11575 U.S. HIGHWAY ONE SUITE 209 NORTH PALM BEACH FL 33408	11575 U.S. HIGHWAY ONE SUITE 209 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/03/1993	08/08/1994

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 24 / Country 25	Zip 29 / Country 30

4. FEI Number 65-0397760 ☐ 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	10. Name and Address of New Registered Agent
CRAIG, STEVEN L 11575 U.S. HIGHWAY ONE SUITE 209 NORTH PALM BCH., FL 33408	81 Name: Steven L Craig 82 Street Address (P.O. Box Number is Not Acceptable): 2707 Okeechobee Blvd 83: Suite 200 84 City: West Palm Beach FL 85 Zip Code: 33409

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] 8/4/95
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	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	BISHOP, M L JR.	1.2 NAME	Bishop, M L Jr
STREET ADDRESS	11575 U.S. HIGHWAY ONE, SUITE 209	1.3 STREET ADDRESS	PO Box 20016
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	West Palm Beach Fla 33416
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	CRAIG STEVEN	2.2 NAME	Craig Steven
STREET ADDRESS	11575 U.S. HIGHWAY ONE, SUITE 209	2.3 STREET ADDRESS	2707 Okeechobee Blvd #200
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	West Palm Beach Fl. 33409
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, BEBA	3.2 NAME	
STREET ADDRESS	1870 TRAVIS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	3.4 CITY-ST-ZIP	
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	

CR2E034 (3/95)

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: [signature] Steven L Craig 8/4/95 407 681 8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063400 CP