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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:02

DOCUMENT # P93000043883 (6)

1. Corporation Name
PENINSULA CORPORATION OF PALM BEACH

Principal Place of Business	Mailing Address
125 WORTH AVE STE 302 PALM BEACH FL 33480 US	125 WORTH AVE STE 302 PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/22/1993
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21 211-213 Seaview	26 211-213 Seaview
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Beach FL	City & State 28 Palm Beach
Zip 24 33480 Country 25 USA	Zip FL Country 29 30 USA

4. FEI Number: 65-0418319 ☐ 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

KEENAN, JAMES F
172 S. OCEAN BLVD.
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 211-213 Seaview AVENUE
83
84 City Palm Beach FL 85 Zip Code 33480

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☒ Change ☐ Addition
NAME	KEENAN, JAMES F	1.2 NAME	
STREET ADDRESS	172 SO OCEAN BLVD	1.3 STREET ADDRESS	211-213 Seaview Avenue
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	Palm Beach FL 33480
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	THOMAS, CHARLES B	2.2 NAME	
STREET ADDRESS	125 WORTH AVE, STE 302	2.3 STREET ADDRESS	211-213 Seaview Ave
CITY-ST-ZIP	PALM BCH FL	2.4 CITY-ST-ZIP	Palm Beach FL 33480
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: James F Keenan 1/24/95 407 820 8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James F Keenan

0274060 CP