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 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051615 (1)

1. Corporation Name
SHOREWOOD REALTY & INVESTMENT CORP.

Principal Place of Business
1901 W. CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE FL 33309

Mailing Address
1901 W. CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0423267 | 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 ... Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business
21 5700 Lake Worth Road
Suite, Apt. #, etc.
22 Suite 310
City & State
23 Lake Worth, Florida
Zip: 24 33463 | County: 25 Palm Beach

2a. Mailing Address
26 P.O. Box 5448
Suite, Apt. #, etc.
27
City & State
28 Lake Worth, Florida
Zip: 29 33466-5448 | County: 30 Palm Beach

9. Name and Address of Current Registered Agent

LEWIS, RICHARD C
799 BRICKELL PLAZA
SUITE 702
MIAMI FL 33131

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	D ☒ Change ☐ Addition
NAME	SHAPIRO, ALBERT	1 NAME	Shapiro, Albert
STREET ADDRESS	1901 W. CYPRESS CREEK ROAD, SUITE 300	1 STREET ADDRESS	5700 Lake Worth Road, Suite 310
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	1 CITY-ST-ZIP	Lake Worth, Fl 33463
TITLE	D	2 TITLE	D ☒ Change ☐ Addition
NAME	SHAPIRO, HONORA	2 NAME	Shapiro, Honora
STREET ADDRESS	1901 W. CYPRESS CREEK ROAD, SUITE 300	2 STREET ADDRESS	5700 Lake Worth Road, Suite 310
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	2 CITY-ST-ZIP	Lake Worth, Fl 33463
TITLE	V	3 TITLE	V ☒ Change ☐ Addition
NAME	ROGERS, JAMES M	3 NAME	Rogers, James M
STREET ADDRESS	1901 W CYPRESS CREEK RD #300	3 STREET ADDRESS	5700 Lake Worth Road, Suite 310
CITY-ST-ZIP	FT LAUDERDALE FL	3 CITY-ST-ZIP	Lake Worth, Fl 33463
TITLE	VS	4 TITLE	VS ☒ Change ☐ Addition
NAME	GLYNOS, SUSAN M	4 NAME	Glynos, Susan M
STREET ADDRESS	1901 W CYPRESS CREEK RD #300	4 STREET ADDRESS	5700 Lake Worth Road, Suite 310
CITY-ST-ZIP	FT LAUDERDALE FL	4 CITY-ST-ZIP	Lake Worth, Fl 33463
TITLE	AV	5 TITLE	AV ☒ Change ☐ Addition
NAME	AYALA, RITCHIE delete	5 NAME	Ayala, Ritchie
STREET ADDRESS	1901 W CYPRESS CREEK RD #300	5 STREET ADDRESS	5700 Lake Worth Road #310
CITY-ST-ZIP	FT LAUDERDALE FL	5 CITY-ST-ZIP	Lake Worth, Fl Delete
TITLE	AV	6 TITLE	AV ☒ Change ☐ Addition
NAME	WELLINGTON, GRAHAM P	6 NAME	Wellington, Graham P
STREET ADDRESS	1901 W CYPRESS CREEK RD #300	6 STREET ADDRESS	5700 Lake Worth Road, Suite 310
CITY-ST-ZIP	FT LAUDERDALE FL	6 CITY-ST-ZIP	Lake Worth, Fl 33463

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: James M Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95
Date

407-433-0042
Daytime Phone #

0217409 CP