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 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083137 (8)

1. Corporation Name

RHAPSODY OAKS DEVELOPMENT CORPORATION

Principal Place of Business

5295 TOWN CENTER ROAD #400
BOCA RATON FL 33486

Mailing Address

RHAPSODY OAKS DEVELOPMENT CORP
188 SLOAN ROAD
WILLIAMSTOWN MA 01267
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 06/29/1994
4. FEI Number: 65-0452597 — ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 2920 NE 47th ST.
22 Suite, Apt # etc
23 City & State: Lighthouse Point, FL
24 Zip: 33064
25 Country: USA

2a. Mailing Address
26 665 Simonds Rd
27 Suite, Apt # etc
28 City & State: Williamstown, MA
29 Zip: 01267
30 Country: USA

9. Name and Address of Current Registered Agent

CRONIG, STEVEN C
501 BRICKELL KEY DR
MIAMI FL 33131-2623

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	11 TITLE	☑ Change ☐ Addition
NAME	PATTEN, HARRY S	12 NAME	
STREET ADDRESS	5295 TOWN CENTER ROAD 400	13 STREET ADDRESS	2920 NE 47th ST
CITY ST ZIP	BOCA RATON FL 33486	14 CITY ST ZIP	Lighthouse Point, FL 33064
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	POLK, DEWEY R	22 NAME	
STREET ADDRESS	524 KINCIAN AVE	23 STREET ADDRESS	
CITY ST ZIP	GRIFFIN GA 30223	24 CITY ST ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	FORBES, JEFFREY R	32 NAME	
STREET ADDRESS	5295 TOWN CENTER ROAD #400	33 STREET ADDRESS	PO Box 809
CITY ST ZIP	BOCA RATON FL 33486	34 CITY ST ZIP	Delray Beach, FL 33447
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 Date — 413 458-5220 Daytime Phone #

0403397 FN