FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # P93000088817 (0)

1. Corporate Name

ORIOLE LIMITED, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1690 SOUTH CONGRESS AVENUE STE 200 DELRAY BCH FL 33445 US	1690 SOUTH CONGRESS AVENUE STE 200 DELRAY BCH FL 33445 US

3. Date Incorporated or Qualified: 12/30/1993

3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

4. FEI Number: 65-0456392 — 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 Affliated

9. Name and Address of Current Registered Agent

NUNEZ, A
C/O ORIOLE HOMES CORP
1690 S CONGRESS AVE, STE 200
DELRAY BCH FL 33445

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

(NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, MARK	1.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, RICHARD D	2.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, ANTONIO	3.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	HUBSHMAN, E E	4.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, HARRY A	5.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	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 hereby certify that the information contained with the 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 contained on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be made under oath. That an officer or director of the corporation or other manager or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached supplemental sheet with an address.

SIGNATURE: A. Nunez, Sr. Vice President 2/22/95 (407) 274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR — Date — Telephone

0267088 CP