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 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010390 (0)

1. Corporation Name

~~F.J. CITY SLICKERS RANCH, INC.~~

CITY SLICKERS RANCH, INC.

Principal Place of Business
1803 S. AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH FL 33409

Mailing Address
1803 S. AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6758 N. MILITARY TRAIL	2a. Mailing Address 26 6758 N. MILITARY TRAIL
Suite, Apt #, etc 22 SUITE #301	Suite, Apt #, etc 27 SUITE #301
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL
Zip 24 33407 · Country 25 PALM BEACH	Zip 29 33407 · Country 30 PALM BEACH

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:
4. FEI Number: APPLIED FOR ☐ 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

MARTIN E. WASHOFSKY, E.A. P.A.
1803 S. AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6758 N. MILITARY TRAIL
83 SUITE #301
84 City WEST PALM BEACH FL 85 Zip Code 33407

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	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	CONIGLIARO, FRANK	1 2 NAME	
STREET ADDRESS	1803 S. AUSTRALIAN AVENUE, SUITE A	1 3 STREET ADDRESS	6758 N. MILITARY TRAIL, Ste #301
CITY ST ZIP	WEST PALM BEACH FL 33409	1 4 CITY ST ZIP	WEST PALM BEACH, FL 33407
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
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	

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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: Frank Conigliaro by [illegible] Comptroller · 4-30-95 · 407-845-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0240260 CP