

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 7:15

DOCUMENT # P94000012454 (2)

1. Corporation Name

2801 EXCHANGE COURT, INC.

Principal Place of Business

Mailing Address

4 HARVARD CIRCLE, STE. 700
WEST PALM BEACH FL 33409

P.O. BOX 3186
WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified | 3a. Date of Last Report
02/10/1994

4. FEI Number | Applied For
65-0467475 | 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

2. Principal Place of Business

2a. Mailing Address

21 2801 Exchange Court

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

West Palm Beach FL

28 City & State

24 Zip

33409

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COCHRANE, THOMAS E JR.
4 HARVARD CIRCLE, STE 700 2801 Exchange Court
WEST PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DPT
NAME: COCHRANE, THOMAS E JR.
STREET ADDRESS: P.O. BOX 3186 N/A
CITY - ST - ZIP: WEST PALM BEACH FL 33402

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS: 2801 Exchange Court
1.4 CITY - ST - ZIP: West Palm Beach, FL 33409

TITLE: DVS
NAME: COCHRANE, REYNOLDS J
STREET ADDRESS: P.O. BOX 3186 N/A
CITY - ST - ZIP: WEST PALM BEACH FL 33402

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS: 2801 Exchange Court
2.4 CITY - ST - ZIP: West Palm Beach, FL 33409

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
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 110.07(3)(b), 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 hereof, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. COCHRANE, JR.

7/21/95 (407) 684-4566