PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # P94000015471 (3)

1. Corporation Name

GARRISON PLATT PROPERTIES INC.

Principal Place of Business	Mailing Address
111 MADISON STREET STE. 2300 TAMPA FL 33602	SCOTT K. RHINEHART 300 BENEFICIAL CENTER PEAPACK NJ 07977 US

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 51-0355624 ☐ 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

BOGGS, DAVID M
111 MADISON STREET
STE. 2300
TAMPA FL 33602

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
Signature, typed or printed name of registered agent and the date above. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MCGOUGH, THOMAS P		12 NAME	
STREET ADDRESS	301 N WALNUT ST		13 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE		14 CITY-ST-ZIP	
TITLE	VD	☒ DELETE	21 TITLE	VICE PRESIDENT, ASST. SEC'Y ☐ Change ☒ Addition
NAME	RHINEHART, SCOTT K		22 NAME	PATRICIA SHERIDAN
STREET ADDRESS	300 BENEFICIAL CENTER		23 STREET ADDRESS	200 BENEFICIAL CENTER
CITY-ST-ZIP	PEAPACK NJ		24 CITY-ST-ZIP	PEAPACK, NJ 07977
TITLE	VD	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KERR, DAVID C		32 NAME	100002195901
STREET ADDRESS	C/O 111 MADISON STREET		33 STREET ADDRESS	-05/30/97--01034--039
CITY-ST-ZIP	TAMPA FL 33602		34 CITY-ST-ZIP	***165.00
TITLE	S	☐ DELETE	41 TITLE	PRESIDENT, DIRECTOR ☒ Change ☐ Addition
NAME	BROAS, MATTHEW J		42 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER		43 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ		44 CITY-ST-ZIP	
TITLE	ASS	☒ DELETE	51 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	KOHRS, EDWARD J		52 NAME	FINN M. W. CASPERSEN
STREET ADDRESS	C/O 111 MADISON STREET		53 STREET ADDRESS	301 N. WALNUT ST.
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE		☐ DELETE	61 TITLE	SECRETARY ☐ Change ☒ Addition
NAME			62 NAME	CHARLES D. BROWN
STREET ADDRESS			63 STREET ADDRESS	200 BENEFICIAL CENTER
CITY-ST-ZIP			64 CITY-ST-ZIP	PEAPACK, NEW JERSEY 07977

RW 5-16-97

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 added above or on an attachment with an address.

SIGNATURE: Charles D. Brown CHARLES D. BROWN, SECRETARY (908) 781-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0408256 FP