

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000032047 (0)

95 MAY -1 PM 1:52

LGRH, INC.

1. Principal Office Address 800 N. FLAGLER DR. WEST PALM BEACH FL 33401		2a. Mailing Address 800 N. FLAGLER DR. WEST PALM BEACH FL 33401		3. Date of Report 04/27/1994	
2. Filing Office Address 21	2a. Mailing Address 26	4. FEE Number 65-0569334		Applied For Not Applicable	
22	27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for unpaid taxes under 35, 199-032 Florida Statute ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

HAMILTON, HARRY S
800 N. FLAGLER DR.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is best if applicable)	
83.	
84. City	FL 85 Zip Code

11. I, the undersigned, as the undersigned of the undersigned, hereby certify that the above named corporation submits the statement for the purpose of changing its registered office as indicated on page 1 of both as 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 the law and the obligations of the undersigned under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME DPST PEREZ, OPHELIA 800 NORTH FLAGLER DR. WEST PALM BEACH FL 33401		1. NAME	☐ Change ☐ Addition
2. NAME		2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law. I, the undersigned, further certify that the information included in 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. I shall remain liable for the accuracy of the information provided to me in this report as required by Chapter 35, Florida Statutes, and that my name appears on the filing of this report or on an affidavit with an address.

SIGNATURE: *Opheia Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95