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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:49

DOCUMENT # **P94000040006 (6)**

1. Corporation Name
EQUISTAR MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
210 UNIVERSITY DRIVE SUITE 900 CORAL SPRINGS FL 33071	210 UNIVERSITY DRIVE SUITE 900 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1994**
3a. Date of Last Report:

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

4. FEI Number: **65-0498373** ☐ 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEICHOLZ, SCOTT **210 UNIVERSITY DRIVE** **SUITE 900** **CORAL SPRINGS FL 33071**	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: (Required when reporting a change in registered agent, registered office, or registered agent's address.) (If not, registered agent's signature required.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	DPS	11 TITLE ☐ Change ☐ Addition
NAME	WEICHOLZ, SCOTT	12 NAME
STREET ADDRESS	210 UNIVERSITY DR., SUITE 900	13 STREET ADDRESS
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP
TITLE	DV	21 TITLE ☐ Change ☐ Addition
NAME	MARSH, DARREN	22 NAME
STREET ADDRESS	210 UNIVERSITY DR., SUITE 900	23 STREET ADDRESS
CITY ST ZIP	CORAL SPRINGS FL 33071	24 CITY ST ZIP
TITLE	DT	31 TITLE ☐ Change ☐ Addition
NAME	SOLOMON, ALBERT S	32 NAME
STREET ADDRESS	210 UNIVERSITY DR., SUITE 900	33 STREET ADDRESS
CITY ST ZIP	CORAL SPRINGS FL 33071	34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 be the only legally sufficient and 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Equistar Management Company By: Bill Weicholz, Vice President Scott Weicholz, President 1/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0114966 CP