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 JUN 20 PM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000064071

1. Corporation Name

PALM BEACH COMPLETION CENTRE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 08/30/94
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 3800 SOUTHERN BLVD	26 SAME AS LEFT
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27
City & State 23 WEST PALMBEACH, FL	City & State 28
Zip 24 33406 / Country 25 PALM BEACH	Zip 29 / Country 30

4. FEI Number: 65-0515746 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATE INFORMATION SERVICES, INC. 1201 HAYS ST TALLAHASSEE, FL 32301	81 Name: SIMON R. KAY 82 Street Address (P.O. Box Number is Not Acceptable): 10612 LAKE JASMINE DR 83 84 City: BOCA RATON FL 85 Zip Code: 33498

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: SIMON R. KAY — 05-01-95
(Signature, typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~SIMON R. KAY~~ PRESIDENT P SIMON R. KAY 10612 LAKE JASMINE DRIVE BOCA RATON FL 33498	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P PRESIDENT ☐ Change ☒ Addition SIMON R. KAY 10612 LAKE JASMINE DRIVE BOCA RATON FL 33498
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition 7/26/95 MS

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 on an attachment with an address.

SIGNATURE: SIMON R. KAY — 05-01-95 — (407) 893 0512
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #