FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071064 (7)

1. Corporate Name

BARCLAY FITZGERALD ENTERPRISES, INC.

Principal Place of Business
411 S. COUNTY RD.
SUITE 200
PALM BEACH FL 33480

Mailing Address
411 S. COUNTY RD.
SUITE 200
PALM BEACH FL 33480

DATE OF ANNUAL REPORT

3. Date Incorporated / Qualified: 09/26/1994

3a. Date of Last Report: N.A.

2. Principal Place of Business
21 340 ROYAL PALM WAY
Suite Apt # etc. 22 SUITE 203
City & State 23 PALM BEACH, FL
24 33480 25 USA

2a. Mailing Address
26 340 ROYAL PALM WAY
Suite Apt # etc. 27 SUITE 203
City & State 28 PALM BEACH, FL
29 33480 30 USA

4. FEI Number: 65-0525035 — Applied For / Not Applicable

5. Certificate of Status Desired: X $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

KEIHNER, BRUCE W
411 S. COUNTY RD.
SUITE 200
PALM BEACH FL 33480

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 Section 607.0505 and 607.0508 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 hereby agree to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, THOMAS B
STREET ADDRESS	1696 OLD OKEECHOBEE RD., SUITE 1H
CITY, STATE, ZIP	WEST PALM BEACH FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D — X Change ☐ Addition
NAME	THOMAS B. WALKER
STREET ADDRESS	340 ROYAL PALM WAY
CITY, STATE, ZIP	PALM BEACH, FL 33480
TITLE	D — ☐ Change X Addition
NAME	JULIE F. WALKER
STREET ADDRESS	130 ALGONIA RD.
CITY, STATE, ZIP	PALM BEACH, FL 33480
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as the acknowledgment of this fact, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is listed on an attached sheet as an officer or director of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is listed on an attached sheet as an officer or director.

SIGNATURE: [signature] 4/28/95 (407) 833-9155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0275253 CP