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 MAY -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078773 (6)

1. Corporation Name

A - ALTERNATIVE RELEASE BAIL BOND PROGRAMS OF TH E PALM BEACHES, INC.

Principal Place of Business	Mailing Address
2655 N OCEAN DR SUITE 300 SINGER ISLAND FL 33404	2655 N OCEAN DR SUITE 300 SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21 766 S. Congress Ave.
Suite, Apt. #, etc. 22
City & State 23: West Palm Beach, FL
Zip 24: 33406 County 25: U.S.

2a. Mailing Address
26 766 S. Congress Ave.
Suite, Apt. #, etc. 27
City & State 28: West Palm Beach, FL
Zip 29: 33406 County 30: U.S.

4. FEI Number: 65-0534495 ☐ 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 elected to file its tax under § 220.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VIOLA, JOHN
2655 N OCEAN DR
SUITE 300
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name: John Viola
82 Street Address (P.O. Box Number is Not Acceptable): 766 S. Congress Ave.
83
84 City: West Palm Beach, FL 85 Zip Code: 33406

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: [signature] 05-01-95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Office, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: VIOLA, JOHN STREET ADDRESS: 8696 WAKEFIELD CITY ST ZIP: PALM BEACH GARDENS FL 33410	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. To the best of my knowledge and belief, the information supplied with this filing is complete and accurate. I am a director or officer 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: [signature] 05-01-95 (407) 640-3799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0244302 CP