200 OD 1-26-95 D-464-C

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 JAN 26 PM 3:22

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000087757 (8)

1. Corporation Name
CONCH SHELL PROPERTIES, INC.

Principal Place of Business
1401 SIMONTON STREET
KEY WEST FL 33040

Mailing Address
1401 SIMONTON STREET
KEY WEST FL 33040

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 313 Duval Street	2a. Mailing Address — 26: 905 Von Phister St.
Suite, Apt. #, etc. — 22:	Suite, Apt. #, etc. — 27:
City & State — 23: Key West, FL.	City & State — 28: Key West, FL.
Zip — 24: 33040; Country — 25: Monroe	Zip — 29: 33040; Country — 30: Monroe

4. FEI Number: 65-0542514 — ☐ 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LADHA, ISSA E
1401 SIMONTON STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	SAMAHA, Fouad
82 Street Address (P.O. Box Number is Not Acceptable)	905 Von Phister St.
83	
84 City	Key West, FL — 85 Zip Code 33040

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] Fouad Samaha, President 01/23/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LADHA, ISSA F
STREET ADDRESS	1401 SIMONTON STREET
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D
NAME	LADHA, NAVEEN
STREET ADDRESS	1401 SIMONTON STREET
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	☐ Change ☒ Addition
3.2 NAME	SAMAHA, FOUAD	
3.3 STREET ADDRESS	905 Von Phister St.	
3.4 CITY-ST-ZIP	Key West, FL. 33040	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	SAMAHA, EVAGELIA	
4.3 STREET ADDRESS	905 Von Phister St.	
4.4 CITY-ST-ZIP	Key West, FL.33040	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] Fouad SAMAHA, Pres. 01/23/95 (305) 294-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100302 CP