NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE: __

FIT FLORIDA DEPARTMENT OF STATE RATION Sandra B. Mortham **3**EPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000039732 (9) **DOCUMENT #** Corporation Name POINCIANA REALTY & CONSTRUCTION, INC. Mailing Address Principal Place of Business 60 CORDONA DRIVE 60 CORDONA DRIVE KISSIMMEE FL 34758 KISSIMMEE FL 34758 3. Date Incorporated or Qualified 3a. Date of Last Report 05/18/1995 Applied For 4. FEI Number 2a. Maiting Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζφ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 COUCH, DAVID **60 CORDONA DRIVE** 83 KISSIMMEE FL 34758 Zip Code 85 84 City 1. Pursuant to the provisions of Sections 697.0502 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. (NOTE Registered Agrict signature required when recistating) Signature, typed or printed name of registerios agent and tille it as a licianie. (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ Addition DELETE 1 1 TILLE TITLE CR2E034 1.2 NAME COUCH, DAVID NAME 1.3 STREET ADDRESS **60 CORDONA DRIVE** STREET ADDRESS 1.4 CITY - ST - ZIP KISSIMMEE FL 34758 CITY - ST-ZIP Addition Change DELETE 2 1 TIFLE TITLE 2.2 NAME COUCH, HEIDI NAME 2.3 STHEET ADDRESS 60 CORDONA DRIVE STREET ADDRESS 2.4 CITY - ST-ZIP KISSIMMEE FL 34758 CITY - ST - ZIP Addition Change DELETE 3 1 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change ["] CELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS 700001778817 -04/12/96--01082--0<u>t</u>Dhange STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE 6 1 HILE TITLE ***200.00 6.2 NAME 17.92 NAME 6.3 STREET AUDRESS 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)(k), 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 certify 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 approars in Block 13 or Block 13 if chapter 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4- 94 407 8461311