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PROFIT CORPORATION



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000042426 (3) **DOCUMENT #** JOHN GUERIN, INC. Mailing Address Principal Place of Business 1850 FOREST HILL BLVD. STE 101 1850 FOREST HILL BLVD. STE 101 WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 3. Date Incorporated or Qualified 3a. Date of Last Report 05/25/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zip Yes MNo 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GUERIN, JOHN Street Address (P.O. Box Number is Not Acceptable) 1850 FOREST HILL BLVD. STE 101 83 WEST PALM BEACH FL 33406-1111 City Zip Code 0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam 11. Pursuant to the provisions of Sections 607 Fichida, Such change was authorized by the o Section 607,0505, Florida Statutes. or registered familiar with, SIGNATURE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition DELETE TITLE 1 1 THE **GUERIN, JOHN** 1.2 NAME 1850 FOREST HILL BLVD. STE 101 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33406 CITY - ST - ZIP 14 CITY - ST - 7IP Chance Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STHEET ADDRESS 2 4 CITY - ST - ZIP CITY-SI-ZIP ☐ Change DELETE ☐ Addition TITLE 3 1717(5 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City - St - ZIF CITY-ST-ZIP □ DELETE 4. 1 T!TLE Change ☐ Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S! - ZiP CIY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAMÉ

14. I do hereby certify that the information supplied with this filing is vocuntarily 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 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

(12/95)CR2E034