SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072653 (5)

1. Corporation Name

ACP FLORIDA OFFICE PROPERTIES, INC.

Principal Place of Business	Mailing Address
200 E. ROBINSON STREET SUITE 900 ORLANDO FL 32801	200 E. ROBINSON STREET SUITE 900 ORLANDO FL 32801

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1035 S. Semoran Blvd.
22 Suite, Apt. #, etc.: Suite 1007
23 City & State: Winter Park, FL
24 Zip: 32792
25 Country: US

2a. Mailing Address
26: 1035 S. Semoran Blvd.
27 Suite, Apt. #, etc.: Suite 1007
28 City & State: Winter Park, FL
29 Zip: 32792
30 Country: US

4. FEI Number: 59-3341890 ☐ 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

HELSTAND, JAMES R
200 E. ROBINSON STREET
SUITE 900
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Heistand, James R.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1035 S. Semoran Blvd., Suite 1007
84 City: Winter Park FL 85 Zip Code: 32792

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: James R. Heistand, President 8-5-96
Signature required or printed name of registered agent and title if applicable (DATE: Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE OLAZARRA, ALLEN C 3440 HOLLYWOOD BLVD., SUITE 420 HOLLYWOOD FL 33021	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V,T de Olazarra, Allen C. 3900 Wood Ave. Coconut Grove, FL 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEISTAND, JAMES R 200 E. ROBINSON STREET, SUITE 900 OLANDO FL 32801	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P,S Heistand, James R. 1035 S. Semoran Blvd., Suite 1007 Winter Park, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Heistand, President 8-5-96 (407) 673-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number