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 AM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S09016** **(4)**

1. Corporation Name

MCDERMOTT REALTY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
440 ROYAL PALM WAY S-203 PALM BCH. FL 33480	440 ROYAL PALM WAY S-203 PALM BCH. FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1990**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business
21: 434 Chilean
22 Suite, Apt. #, etc:
23 City & State: Palm Beach, FL
24 Zip: 33480
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: **65-0261541** ☐ 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

FHS CORPORATE SERVICES, INC.
11780 US HWY. ONE
S-300
N PALM BCH. FL 33408

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
12 NAME	MCDERMOTT, GEORGE T.	12 NAME	Thomas J. Meeks, PhD	
13 STREET ADDRESS	440 ROYAL PALM WAY S-203	13 STREET ADDRESS	23 Lakeview Park Road	
14 CITY ST ZIP	PALM BCH. FL	14 CITY ST ZIP	Colonial Hts, VA 23834	
21 TITLE	ST	21 TITLE	DVST	☐ Change ☒ Addition
22 NAME	MCDERMOTT, GEORGE T.	22 NAME	CaroLyn Ann Meeks	
23 STREET ADDRESS	440 ROYAL PALM WAY S-203	23 STREET ADDRESS	5025 25 AV NE	
24 CITY ST ZIP	PALM BEACH FL	24 CITY ST ZIP	Seattle, WA 98105	
31 TITLE	DAS	31 TITLE	D	☐ Change ☒ Addition
32 NAME	FLEMING, JOSEPH M.	32 NAME	John F. Horstmann	
33 STREET ADDRESS	440 ROYAL PALM WAY S-203	33 STREET ADDRESS	908 Oak Ridge	
34 CITY ST ZIP	PALM BEACH FL	34 CITY ST ZIP	Rosemont, PA 19010	
41 TITLE	DV	41 TITLE		☐ Change ☐ Addition
42 NAME	MEEKS, THOMAS	42 NAME		
43 STREET ADDRESS	440 ROYAL PALM WAY S203	43 STREET ADDRESS		
44 CITY ST ZIP	PALM BCH FL	44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 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: CaroLyn Ann Meeks CAROLYN ANN MEEKS 5/1/95 206-527-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0674770 CP