

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. WATKINS
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 10:07

DOCUMENT # S22691

(7)

BFC/ARBOR ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office Address 433 PLAZA REAL 335 BOCA RATON F 33432 US		Mailing Address 433 PLAZA REAL 335 BOCA RATON FL 33432 US		3. Date incorporated or acquired 01/04/1991	3a. Date of Last Report 05/01/1994
2. Principal Officer (Secretary)	2a. Mailing Address	4. FET Number 65-0250937	Applied For Not Applicable		
21. Secretary Address	27. Secretary Address	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22. City and State	28. City and State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23. City and State	29. City and State	8. This corporation has liability for intangible tax under 22-020202 Florida Statutes ☐ Yes ☒ No			
24. City and State	25. City and State	9. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE 200 S. BISCAYNE BOULEVARD SUITE 4900 MIAMI FL 33131-2352			
		10. Name and Address of New Registered Agent B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code			

11. For agent for the purpose of this act, the corporation, under the laws of the State of Florida, hereby certifies that the above named corporation submits this statement for the purpose of changing its registered office as requested agent for the purpose of this act. The corporation has been authorized by the corporation's board of directors, thereby accept the appointment as requested agent. This statement and a copy of the corporation's articles of incorporation and Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR NAMES		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D CROCKER, BARBARA F	NAME	☐ Change ☐ Add
STREET ADDRESS	433 PLAZA REAL STE 335	STREET ADDRESS	
CITY	BOCA RATON FL	CITY	
STATE	BT	STATE	☐ Change ☐ Add
NAME	ONISKO, ROBERT E	NAME	
STREET ADDRESS	433 PLAZA REAL STE 335	STREET ADDRESS	
CITY	BOCA RATON FL	CITY	☐ Change ☐ Add
STATE		STATE	
NAME		NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	☐ Change ☐ Add

14. I, the undersigned, certify that the information required by this act has been furnished, and that the corporation has been duly organized under the laws of the State of Florida, and that the corporation is in good standing under the laws of the State of Florida. I am a resident of the State of Florida and am qualified to act as a registered agent for the corporation. I am not a resident of the State of Florida and am not qualified to act as a registered agent for the corporation. I am a resident of the State of Florida and am not qualified to act as a registered agent for the corporation. I am not a resident of the State of Florida and am not qualified to act as a registered agent for the corporation.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. ONISKO

4/27/95 (407) 395-9666