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 JUL 11 AM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S39585

1. Corporation Name

Palm Cove Realty, Inc.

Principal Place of Business	Mailing Address
~~7863 Canyon Lake Circle~~ ~~Orlando, FL 32835~~	~~7863 Canyon Lake Circle~~ ~~Orlando, FL 32835~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1991
3a. Date of Last Report: 06/30/94

2. Principal Place of Business
21 8005 Monier Way
Suite, Apt. #, etc. 22
City & State 23: Orlando, FL
Zip 24: 32835 Country 25: US

2a. Mailing Address
26 2100 Terrace Blvd.
Suite, Apt. #, etc. 27
City & State 28: Orlando, FL
Zip 29: 32835 Country 30: US

4. FEI Number: 59-3057974 ☐ 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

Silliman, William M.
~~7863 Canyon Lake Circle~~
~~Orlando, FL 32835~~

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 4825 Waterwitch Point Drive
03
04 City: Orlando **FL** 05 Zip Code: 32806

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/T	11 TITLE	☒ Change ☐ Addition
NAME	Reiche, Robert B.	12 NAME	
STREET ADDRESS	~~7863 Canyon Lake Circle~~	13 STREET ADDRESS	8005 Monier Way
CITY-ST-ZIP	~~Orlando, FL 32835~~	14 CITY-ST-ZIP	Orlando, FL 32835
TITLE	~~V~~	21 TITLE	000001 359039 ☐ Change ☐ Addition
NAME	~~MacCormick, Jr., Robert W.~~	22 NAME	-07/12/95--01073--021
STREET ADDRESS	~~5006 Shelley Court~~	23 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP	~~Orlando, FL 32807~~	24 CITY-ST-ZIP	
TITLE	S/D	31 TITLE	☒ Change ☐ Addition
NAME	Silliman, William M.	32 NAME	
STREET ADDRESS	~~7863 Canyon Lake Circle~~	33 STREET ADDRESS	4825 Waterwitch Point Drive
CITY-ST-ZIP	~~Orlando, FL 32835~~	34 CITY-ST-ZIP	Orlando, FL 32806
TITLE		41 TITLE	V ☐ Change ☒ Addition
NAME		42 NAME	Clark, Charles L.
STREET ADDRESS		43 STREET ADDRESS	7354 Sparkling Lake Road
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, FL 32819
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: _____ Robert B. Reiche 6/21/95 (407) 294-6734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #