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 -4 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S56688** (2)

1. Corporation Name
PHOENIX PROPERTIES OF PALM BEACH COUNTY, INC.

Principal Place of Business: ~~17505 BROWN ROAD ODESSA FL 33556 US~~

Mailing Address: ~~17505 BROWN ROAD ODESSA FL 33556 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1991
3a. Date of Last Report: 01/24/1994
4. FEI Number: 65-0276186 — 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

2. Principal Place of Business
21 5816 Little River DRIVE
Suite, Apt. #, etc.
22
City & State
23 TAMPA, FL
Zip 24 33615 Country 25 U.S.A

2a. Mailing Address
26 P.O. Box 262024
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FL
Zip 29 33685-2024 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

RINKER, DAVID S
~~17505 BROWN ROAD~~
~~ODESSA FL 33556~~

10. Name and Address of New Registered Agent

81 Name: RinKeR, DAVID S.
82 Street Address (P.O. Box Number is Not Acceptable): 5816 Little River DR
83
84 City: TAMPA FL 85 Zip Code: 33615

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 [signature] 05-03-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTS	1.1 TITLE	PVTS ☒ Change ☐ Addition
NAME	RINKER, DAVID S	1.2 NAME	RINKER, DAVID S.
STREET ADDRESS	17505 BROWN ROAD	1.3 STREET ADDRESS	5816 Little River DRIVE
CITY ST ZIP	ODESSA FL	1.4 CITY ST ZIP	TAMPA, FL 33615
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DAVID S. RinKeR 05-03-95 (813) 985-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0287258 CP