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 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65464 (7)

1. Corporation Name
CFC HOLDINGS CORP.

Principal Place of Business	Mailing Address
1000 CORPORATE DRIVE FT. LAUDERDALE FL 33334 US	1000 CORPORATE DRIVE FT. LAUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 65-0292831 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1200 SOUTH PINE ISLAND ROAD
84 City: PLANTATION FL 85 Zip Code: 33324

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] JOAN BR... ASSIST... TAH 4-20-95
Signature, type 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	DO	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PELTZ, NELSON	1.2 NAME	PELTZ, NELSON	
STREET ADDRESS	777 S FLAGLER DRIVE, SUITE 1000E	1.3 STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR	
CITY ST ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10022	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MAY, PETER W.	2.2 NAME		
STREET ADDRESS	900 THIRD AVENUE, 31 FLOOR	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	DVC	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KAVARIA, LEON	3.2 NAME	KALVARIA, LEON	
STREET ADDRESS	777 S FLAGLER DRIVE, SUITE 1000E	3.3 STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10022	
TITLE	V	4.1 TITLE	P	☒ Change ☐ Addition
NAME	COHLAN, JOHN L.	4.2 NAME	COHLAN, JOHN L.	
STREET ADDRESS	777 S FLAGLER DRIVE, SUITE 1000E	4.3 STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10022	
TITLE	V	5.1 TITLE	V	☒ Change ☒ Addition
NAME	KOGAN, ERIC	5.2 NAME	CROWE, ROBERT J.	
STREET ADDRESS	777 S FLAGLER DRIVE, SUITE 1000E	5.3 STREET ADDRESS	900 THIRD AVENUE, 31ST FLOOR	
CITY ST ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10022	
TITLE	VS	6.1 TITLE	S	☒ Change ☒ Addition
NAME	GIMSON, CURTIS G	6.2 NAME	ROSEN, STUART I.	
STREET ADDRESS	777 S FLAGER DRIVE, SUITE 1000E	6.3 STREET ADDRESS	900 THIRD AVENUE, 31 FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10022	

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: Robert J Crowe Robert J. Crowe, Assistant Vice President-Taxes 4/19/95 212-230-3115
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

023073 CP