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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:40

DOCUMENT # S77259 (7)

1. Corporation Name
TREE HAVEN, INC.

Principal Place of Business
C/O MAX BEHORIAM
5250 OCAEN DRIVE NO.
RIVIERA BEACH FL 33404

Mailing Address
C/O MAX BEHORIAM
5250 OCAEN DRIVE NO.
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1991
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21 100 Lakeshore Drive
22 Suite, Apt. #, etc. #752
23 City & State North Palm Beach, Fl
24 Zip 33408 Country 25 USA

2a. Mailing Address
26 100 Lakeshore Drive
27 State, Apt. #, etc. #752
28 City & State North Palm Beach, Fl
29 Zip 33408 Country 30 USA

4. FEI Number: 65-0289646 ☐ 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

BEHORIAM, MAX
5250 OCEAN DR N.
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100 Lakeshore Drive #752
83
84 City North Palm Beach FL 85 Zip Code 33408

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 of new registered agent, if any) (NOTE: Registered Agent signature required when marked) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	BEHORIAM, MAX	1.2 NAME		
STREET ADDRESS	5250 OCEAN DR N	1.3 STREET ADDRESS	100 Lakeshore Drive #752	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	North Palm Beach, Fl 33408	
TITLE	STD	2.1 TITLE		☒ Change ☐ Addition
NAME	BEHORIAM, RUTH	2.2 NAME		
STREET ADDRESS	5250 OCEAN DR N	2.3 STREET ADDRESS	100 Lakeshore Drive #752	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	North Palm Beach, Fl 33408	
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 declare to the best of my knowledge and belief, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 be 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] 1/17/95 407 625 1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0244076 CP