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 APR 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S99590 (9)

1. Corporation Name
ALGONQUIN MANAGEMENT & REALTY, INC.

Principal Place of Business	Mailing Address
2700 CYPRESS CREEK RD SUITE D-108 FT LAUDERDALE FL 33309	3744 DAVIE ROAD DAVIE FL 33314

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0308166 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

	2. Principal Place of Business		2a. Mailing Address
21	4300 N. University Dr	26	4300 N. University Dr
22	Suite, Apt #, etc: D-103	27	Suite, Apt #, etc: D-103
23	City & State: Lauderhill, FL	28	City & State: Lauderhill, FL
24	Zip: 33351 / 25 Country: USA	29	Zip: 33351 / 30 Country: USA

9. Name and Address of Current Registered Agent
MURPHY, WILLIAM
3744 DAVIE ROAD
DAVIE FL 33309

10. Name and Address of New Registered Agent
81 Name: Murphy, William M.
82 Street Address (P.O. Box Number is Not Acceptable): 4300 N. University Dr. D-103
83
84 City: Lauderhill FL 85 Zip Code: 33351

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 William M. Murphy [signature] Mar. 15, 1995
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, KEVIN B.	1.2 NAME	Murphy, Kevin B.
STREET ADDRESS	3744 DAVIE ROAD	1.3 STREET ADDRESS	4300 N. University Dr. D-103
CITY ST ZIP	DAVIE FL 33314	1.4 CITY ST ZIP	Lauderhill, FL 33351
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: Kevin B. Murphy [signature] 3/15/95 (305)746-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0223414 CP