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 28 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05521

1. Corporation Name

PLATEAU, INC.

Principal Place of Business	Mailing Address
380 S SR 434	~~380 S SR 434~~
~~STE. 10004-257~~	~~STE. 10004-257~~
Altamonte Springs	~~Altamonte Springs~~
FL 32714	~~FL 32714~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1992
3a. Date of Last Report: 05/01/94

2. Principal Place of Business
21 380 S SR 434
Suite, Apt. #, etc.
22 STE. 1004-257
City & State
23 ALTAMONTE SPRINGS, FL
Zip 24 32714 Country 25

2a. Mailing Address
26 208 BROM BONES LANE
Suite, Apt. #, etc.
27
City & State
28 LONGWOOD, FL
Zip 29 32750 Country 30 Seminole

4. FEI Number: 59-3173011 ☐ 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

HODGES, GEORGE
111 W. MAGNOLIA AVE., STE. 107
LONGWOOD, FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	P/S	11 TITLE	P/S ☒ Change ☐ Addition
NAME	Brennan, Colleen P	12 NAME	Brennan, Colleen P
STREET ADDRESS	1000 Lake of The Woods Blvd D-203	13 STREET ADDRESS	208 Brom Bones Lane
CITY-ST-ZIP	Fern Park FL	14 CITY-ST-ZIP	Longwood, FL 32750
TITLE	V/D/T	21 TITLE	V/D/T ☒ Change ☐ Addition
NAME	Brennan, John T	22 NAME	Brennan, John T
STREET ADDRESS	1000 Lake of The Woods Blvd D-203	23 STREET ADDRESS	208 Brom Bones Lane
CITY-ST-ZIP	Fern Park FL	24 CITY-ST-ZIP	Longwood, FL 32750
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	500001471835
STREET ADDRESS		33 STREET ADDRESS	-05/02/95--01155--008
CITY-ST-ZIP		34 CITY-ST-ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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	

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: Colleen C. Brennan Colleen P. Brennan 407-834-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #