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 FEB 21 AM 8:56

DOCUMENT # V09570 (5)

1. Corporation Name

4755 WEST ATLANTIC CORPORATION

Principal Place of Business	Mailing Address
1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33406	1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1992
3a. Date of Last Report: 03/10/1994

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

4. FEI Number: 65-0318895 ☐ 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

GERSON, GARY N.
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	METZ, JOHN C	12 NAME	
STREET ADDRESS	1645 L. B. LAKES BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	CDS	21 TITLE	☐ Change ☐ Addition
NAME	MEYER, ARTHUR	22 NAME	
STREET ADDRESS	1601 BELVEDERE ROAD, #407, SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	DP ☒ Change ☐ Addition
NAME	MCFADDIN, LANCE	32 NAME	McFaddin, Lance
STREET ADDRESS	440 COLUMBIA DRIVE, #300	33 STREET ADDRESS	5051 San Felipe, Suite 215
CITY-ST-ZIP	WEST PALM BEACH FL 33409	34 CITY-ST-ZIP	Houston, Tx 77057
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ASARCH, GAIL	42 NAME	
STREET ADDRESS	1601 BELEVEDERE ROAD, 407 S	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	T. ☒ Change ☐ Addition
NAME	MAPES, PAUL	52 NAME	Mapes, Paul
STREET ADDRESS	440 COLUMBIA DRIVE, #300	53 STREET ADDRESS	1601 Belvedere Road, Suite 407 S.
CITY-ST-ZIP	WEST PALM BEACH FL 33409	54 CITY-ST-ZIP	West Palm Beach, FL 33406
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: By P. Mapes Treasurer 2-17-95 407-689-6601
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0248420 CP