FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V09570** **(5)**

1. Corporation Name
4755 WEST ATLANTIC CORPORATION

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

Mailing Address
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified: **01/28/1992**
3a. Date of Last Report: **02/21/1995**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	METZ, JOHN C	
STREET ADDRESS	1645 L. B. LAKES BLVD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	CDS	☐ DELETE
NAME	MEYER, ARTHUR	
STREET ADDRESS	1601 BELVEDERE ROAD, #407, SOUTH	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	☐ DELETE
NAME	MCFADDIN, LANCE	
STREET ADDRESS	5851 SAN FELIPE, SUITE 215	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	☐ DELETE
NAME	ASARCH, GAIL	
STREET ADDRESS	1601 BELEVEDERE ROAD, 407 S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	T	☐ DELETE
NAME	MAPES, PAUL	
STREET ADDRESS	1601 BELVEDIRE ROAD, SUITE 407S	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	8008 South Flagler Court	
1.4 CITY-ST-ZIP	Zip 33405	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Zip 33406	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1601 Belvedere Rd Suite 407South	
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	1601 Belvedere Rd Suite 407South	
5.4 CITY-ST-ZIP	Zip 33406	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(u), 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: Clark Mapes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/14/96 — 407 689-6601