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 # **V21695** **(4)**

1. Corporation Name

CH ORMESA LP, INC.

Principal Place of Business	Mailing Address
1400 CENTREPARK BOULEVARD SUITE 600 WEST PALM BEACH FL 33401 US	1400 CENTREPARK BOULEVARD SUITE 600 WEST PALM BEACH FL 33401 US

3. Date Incorporated or Qualified: **03/16/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 11760 US Hwy One
Suite, Apt. #, etc.
22 Suite 600
City & State
23 North Palm Beach, FL
Zip 24 33408 Country 25 US

2a. Mailing Address
26 11760 US Hwy One
Suite, Apt. #, etc.
27 Suite 600
City & State
28 North Palm Beach, FL
Zip 29 33408 Country 30 US

4. FEI Number: **65-0324506** ☐ 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 See attached

9. Name and Address of Current Registered Agent

LEON, J E
9250 WEST FLAGLER STREET
MIAMI FL 33174

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GELBER, LESLIE J 1400 CENTREPARK BLVD., #600 WEST PALM BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOFFMAN, KENNETH P 1400 CENTREPARK BLVD., #600 WEST PALM BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCGRATH, ROBERT L 1400 CENTREPARK BLVD., #600 WEST PALM BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARPENTER, FRANCES M. 1400 CENTREPARK BLVD., #600 WEST PALM BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 900001784589 -04/17/96--01093--032 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: Frances M. Carpenter Frances M Carpenter 3/11/96 (407) 691-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #