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 APR 11 PM 3:35

DOCUMENT # **V27086** **(0)**

1. Corporation Name
CORFU, INC.

Principal Place of Business	Mailing Address
1250 E. HALLANDALE BEACH BLVD. SUITE 700 HALLANDALE FL	1250 E. HALLANDALE BEACH BLVD. SUITE 700 HALLANDALE FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 5208	26 P.O. Box 5208
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
24 Zip 33310-5208 25 Country US	29 Zip 33310-5208 30 Country US

4. FEI Number: 65-0324912 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N MAGNOLIA ST TALLAHASSEE FL 32301	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	D	11 TITLE	☒ Change ☐ Addition
NAME	ROSENBERG, RALPH	12 NAME	N/A - remove
STREET ADDRESS	1600 NE 114TH AVENUE, #1910	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	BROWN, MORRIS C	22 NAME	N/A - remove
STREET ADDRESS	222 LAKEVIEW AVENUE, SUITE 800	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	D,P ☒ Change ☐ Addition
NAME	GUTHRIE, WILLIAM	32 NAME	GUTHRIE, WILLIAM
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD., #700	33 STREET ADDRESS	1663 N. ATLANTIC BLVD.
CITY-ST-ZIP	HALLANDALE FL	34 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	BROWN, JAMES	42 NAME	N/A - remove
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD., #700	43 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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: X _____ Mar. 31, 1995 305-938-3770
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William Guthrie

P07707 CP