SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -6 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38775** **(5)**

1. Corporation Name
AMERICAN ARBOR REALTY GROUP, INC.

Principal Place of Business	Mailing Address
351 S. U.S. HWY #1 #106 JUPITER FL 33477	351 S. U.S. HWY #1 #106 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1992	3a. Date of Last Report: 07/21/1994
4. FEI Number: 65-0335289	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
7. [illegible] Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GNEENE, GILBERT C 351 U.S. HWY 1 SUITE 106 JUPITER FL 33477	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 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: [illegible] Registered Agent's signature required for reinstatement DATE

12. OFFICERS AND DIRECTORS		13. [illegible]		
11 TITLE	PD	11 TITLE		☒ Change ☐ Addition
12 NAME	GNEENE, GILBERT C	12 NAME	Greene, Gilbert C.	
13 STREET ADDRESS	119 ANNOWHEAD CIRCLE	13 STREET ADDRESS	4161 US Hwy # 1 B-1	
14 CITY ST ZIP	JUPITER FL	14 CITY ST ZIP	Jupiter, FL 33477	
21 TITLE		21 TITLE		☐ Change ☐ Addition
22 NAME		22 NAME		
23 STREET ADDRESS		23 STREET ADDRESS		
24 CITY ST ZIP		24 CITY ST ZIP		
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY ST ZIP		34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I (We) hereby certify that the information indicated on this form is mandatory information 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: [signature] 6/6/95 1-407-746-2120
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

000300 CP