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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65661 (3) P 92 687

1. Corporation Name
FLORIDA SAN MICHEL, INC.

Principal Place of Business	Mailing Address
260 LONG RIDGE ROAD STAMFORD CT 06927	260 LONG RIDGE ROAD STAMFORD CT 06927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1992
3a. Date of Last Report: 03/07/1994

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

2a. Mailing Address
26 GE CAPITAL CORPORATION
Suite, P.O. etc. BOX 9552
27 FT. MYERS, FL 33906-9552
City & State
28 Attn: Shannon Williams
Zip 29 Country 30

4. FEI Number: 65-0375656 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE	A/T	☐ Change ☒ Addition
NAME	SIWULEC, ANDREW P	12 NAME	Oscar Garza	
STREET ADDRESS	499 THORNALL STREET	13 STREET ADDRESS	4211 Metro Parkway	
CITY ST ZIP	EDISON NJ	14 CITY ST ZIP	Ft Myers, Fl 33916	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	SASSAMAN, DENNIS	22 NAME		
STREET ADDRESS	499 THORNALL STREET	23 STREET ADDRESS		
CITY ST ZIP	EDISON NJ	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SCHIAVETTI, ALFRED J	32 NAME		
STREET ADDRESS	499 THORNALL STREET	33 STREET ADDRESS		
CITY ST ZIP	EDISON NJ	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	SPERGER,, JOHN M.	42 NAME		
STREET ADDRESS	499 THORNALL ST.	43 STREET ADDRESS		
CITY ST ZIP	EDISON, N.J.	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	KELLER, KAREN H	52 NAME		
STREET ADDRESS	499 THORNALL ST.	53 STREET ADDRESS		
CITY ST ZIP	EDISON, NJ	54 CITY ST ZIP		
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	SCHERER, BRADLEY A	62 NAME		
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 110E	63 STREET ADDRESS		
CITY ST ZIP	WEST PALM BEACH, FL 33401	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is validly 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 added to the attachment with an address.

SIGNATURE: [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR ASSISTANT TREASURER STATE TAXES Date

0000448 CP