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

95 MAY 22 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L11880 (6)

1. Corporation Name
RESULTS MARKETING OF ORLANDO, INC.

Principal Place of Business	Mailing Address
225 S. SWOOPE AVE. SUITE 107 MAITLAND FL 32751 US	225 S. SWOOPE AVE. STE. 107 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 08/28/1989
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2965775 — 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 an entity ... 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

TISHMAN, STEVE
225 S. SWOOPE AVE.
SUITE 106
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Steve Tishman
82 Street Address (P.O. Box Number is Not Acceptable): 225 S. Swoope Ave.
83 Suite 107
84 City: Maitland 85 FL Zip Code: 32751

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] Date: 5/17/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TISHMAN, VALERIE
STREET ADDRESS	201 STERLING ROSE CT.
CITY-ST-ZIP	APOPKA FL
TITLE	ST
NAME	TISHMAN, STEVE
STREET ADDRESS	201 STERLING ROSE CT.
CITY-ST-ZIP	APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [ ] Change [ ] Addition (blank)

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(1)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 Date (407) 539-2221 Daytime Phone #

0042836 CP

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

MAY 22 ... 15

... TALLAHASSEE, FLORIDA

DOCUMENT # L12163 (6)

1. Corporation Name

SUWANNEE ENTERPRISES, INC.

Principal Place of Business

E. HOWELL ROAD
P.O. BOX 134
O'BRIEN FL 32071

Mailing Address

E. HOWELL ROAD
P.O. BOX 134
O'BRIEN FL 32071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2965038 ☐ 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

AFRICANO, J. VICTOR
106 WHITE AVENUE
SUITE B
LIVE OAK FL 32060

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, L.L., JR.	1 NAME	
STREET ADDRESS	9345 - 226TH ST.	1 STREET ADDRESS	
CITY-ST-ZIP	O'BRIEN FL	1 CITY-ST-ZIP	
TITLE	VTD	2 TITLE	☐ Change ☐ Addition
NAME	MEADOW, DONNA K.	2 NAME	
STREET ADDRESS	9345 - 226TH ST.	2 STREET ADDRESS	
CITY-ST-ZIP	O'BRIEN FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I 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 the 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: Donna King Meadow VTD 5-15-95 935-1202

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

0402827 FP