SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 12:02

DOCUMENT # **116007** **(6)**

1. Corporation Name
GREENE'S DRY GOODS COMPANY

Principal Place of Business	Mailing Address
215 FLAGLER AVENUE STUART FL 34994	~~215 FLAGLER AVENUE~~ STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1927
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 51 W Flagler Ave	26 51 W Flagler Ave ~~Suite #205~~
Suite, Apt. #, etc. 22 Suite #205	Suite, Apt. #, etc. 27 Suite #205
City & State 23 Stuart, Fl	City & State 28 Stuart, FL
Zip 24 34994 Country 25 Martin	Zip 29 34994 Country 30 Martin

4. FEI Number: 59-0273260 ☐ 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
GREENE, ROBERT E. 51 W. FLAGLER AVE. STUART FL 33494	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	PD	11 TITLE	☐ Change ☐ Addition
NAME	GREENE, ROBERT E.	12 NAME	
STREET ADDRESS	51 W. FLAGLER AVE.	13 STREET ADDRESS	
CITY ST ZIP	STUART FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GREENE, GARY L	22 NAME	
STREET ADDRESS	51 W. FLAGLER AVE.	23 STREET ADDRESS	
CITY ST ZIP	STUART FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GREENE, EMILY R.	32 NAME	
STREET ADDRESS	51 W. FLAGLER AVE.	33 STREET ADDRESS	
CITY ST ZIP	STUART FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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: Gary L Greene Gary L. Greene 6-9-95 407-287-2587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (5/95)

0172418 FP

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

PROFIT CORPORATION ANNUAL REPORT

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

1995 Q-4495 B-7248 C

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 [illegible] 9:05

DOCUMENT # 117163 (6)

1. Corporation Name

AMERICAN COOLAIR CORPORATION

Principal Place of Business	Mailing Address
3604 MAYFLOWER ST P.O. BOX 2300 JACKSONVILLE FL 32203	3604 MAYFLOWER ST P.O. BOX 2300 JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1928
3a. Date of Last Report: 02/23/1994

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

4. FEI Number: 59-0141620 ☐ 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 [illegible] under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAVES, HARRY M., JR.
2838 WOOD VALLEY CT
JACKSONVILLE FL 32217

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	GRAVES, HARRY M JR	12 NAME	
STREET ADDRESS	2838 WOOD VALLEY CT	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	GRAVES, SARA E.	22 NAME	
STREET ADDRESS	3416 SAN JOSE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	GRAVES, ROBERT B	32 NAME	
STREET ADDRESS	3924 ALCAZAR AVE.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	GALBRAITH, LYNN E	42 NAME	
STREET ADDRESS	1036 UDO ROAD	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	JONES, DWIGHT W.	52 NAME	
STREET ADDRESS	1148 TALBOT AVE.	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	VT	61 TITLE	VT ☐ Change ☐ Addition
NAME	MATALOBOS, JESUS M	62 NAME	MATALOBOS, J. MANUEL
STREET ADDRESS	3464 SIMCA DR., W.	63 STREET ADDRESS	3464 SIMCA DR., W.
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP	JACKSONVILLE, FL 32277

CR2E034 (3/95)

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)(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: _____ JUNE 7, 1995 (904) 389-3646
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Harry M. Graves, Jr., President & Chairman of the Board

0125202 FP

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 JUN 15 PM 12:01

DOCUMENT # 125973 (8)

1. Corporation Name
BEALL'S, INC.

Principal Place of Business	Mailing Address
1806 38TH AVENUE EAST BRADENTON FL 34208	C/O DIANE COOK P O BOX 25207 BRADENTON FL 34206-207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1932	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0243800	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 P O Box 25207
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 Attn S. M. Knopik
City & State: 23	City & State: 28 Bradenton FL
Zip #: 24 / Country: 25	Zip: 29 34206-5207 / Country: 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEALL, ROBERT M, II 1806 38TH AVENUE EAST BRADENTON FL 34208	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	DST	11 TITLE	☐ Change ☐ Addition
NAME	BEALL, EGBERT R	12 NAME	
STREET ADDRESS	1806 38TH AVE. EAST	13 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	14 CITY ST ZIP	
TITLE	PC	21 TITLE	☐ Change ☐ Addition
NAME	BEALL, ROBERT M, II	22 NAME	
STREET ADDRESS	1806 38TH AVE. EAST	23 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WALTERS, CLIFFORD	32 NAME	
STREET ADDRESS	1806 38TH AVE. EAST	33 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KNOPIK, STEPHEN M.	42 NAME	
STREET ADDRESS	1806 38TH AVE. EAST	43 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SZYMANSKI, BETTY	52 NAME	
STREET ADDRESS	1806 38TH AVE. EAST	53 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	54 CITY ST ZIP	
TITLE	V	61 TITLE	V ☒ Change ☐ Addition
NAME	WEINSTEIN, BENJAMIN A.	62 NAME	DRISCOLL CHARLES L
STREET ADDRESS	1806 38TH AVE. EAST	63 STREET ADDRESS	1806 38TH AVE EAST
CITY ST ZIP	BRADENTON FL	64 CITY ST ZIP	BRADENTON FL

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: S.M. Knopik — 6/6/95 — 813 747-2355 x240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484187 FP

125973 2

BEALL'S, INC.
STATE OF FLORIDA CORPORATION ANNUAL REPORT 1995
BOX 12/13 - ADDITIONAL OFFICERS AND DIRECTORS

7.1.	TITLE	V
7.2.	NAME	LAYTON, SETH B,
7.3.	STREET ADDRESS	1806 38TH AVE. EAST
7.4.	CITY-ST-ZIP	BRADENTON FL 34206-2507
8.1.	TITLE	V
8.2.	NAME	HISKES, GEORGE J.
8.3.	STREET ADDRESS	1806 38TH AVE. EAST
8.4.	CITY-ST-ZIP	BRADENTON FL 34206-2507
9.1.	TITLE	D
9.2.	NAME	WESTERFIELD, STEPHEN T.
9.3.	STREET ADDRESS	1806 38TH AVE. EAST
9.4.	CITY-ST-ZIP	BRADENTON FL 34206-2507
10.1.	TITLE	D
10.2.	NAME	PAINTER, JACK
10.3.	STREET ADDRESS	1806 38TH AVE. EAST
10.4.	CITY-ST-ZIP	BRADENTON FL 34206-2507
11.1.	TITLE	D
11.2.	NAME	EVEILLARD, ELIZABETH M.
11.3.	STREET ADDRESS	1806 38TH AVE. EAST
11.4.	CITY-ST-ZIP	BRADENTON F

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 133887 (0)

1. Corporation Name

ELLIOTT, MCKIEVER AND STOWE, INC.

Principal Place of Business	Mailing Address
2222 PONCE DE LEON BLVD FOURTH FLOOR CORAL GABLES FL 33134-5039 US	2222 PONCE DE LEON BLVD FOURTH FLOOR CORAL GABLES FL 33134-5039 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1937
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 59-0371523 ☐ 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

STOWE, LARRY B.
2222 PONCE DE LEON BLVD
FOURTH FLOOR
CORAL GABLES FL 33134

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 _____ 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	PVD	11 TITLE	☐ Change ☐ Addition
NAME	STOWE, LARRY B.	12 NAME	
STREET ADDRESS	2222 PONCE DE LEON BLVD, 4TH FL	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (3/95)

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)(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: Larry B. Stowe, President 6/6/95 305 446-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040716 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:25

DOCUMENT # **149706** **(4)**

1. Corporation Name
P. H. N. EQUIPMENT, INC.

Principal Place of Business	Mailing Address
4190 N W 72 AVE MIAMI FL 33166	4190 N W 72 AVE MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/03/1947**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-0559188** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, FRED W.
4190 NW 72 AVE
MIAMI FL 33168

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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, FRED W.	12 NAME	
STREET ADDRESS	4190 N.W. 72ND AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, PAUL S.	22 NAME	
STREET ADDRESS	4190 N.W. 72ND AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (3/95)

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)(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: Paul S. Phillips Secretary June 8 '95 (305) 592-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul S. Phillips

0056630 CP