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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:16

DOCUMENT # 138605 (1)

1. Corporation Name

WESTVIEW HOTEL CORPORATION

Principal Place of Business	Mailing Address
C/O MANDELL 3465 N. MERIDIAN AVE. MIAMI BEACH FL 33140	C/O MANDELL 3465 N. MERIDIAN AVE. MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1940	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0506555	☐ 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
7. This corporation has liability for sales tax under s. 212.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 3465 N MERIDIAN AV.	26 SAME
22 Suite, Apt. #, etc. SAME	27 Suite, Apt. #, etc.
23 City & State: MIAMI BEACH	28 City & State: FL
24 Zip	25 County
29 Zip	30 County

9. Name and Address of Current Registered Agent

MANDELL, B.H.
3465 N MERIDIAN AVE
MIAMI BEACH FL 33140

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, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE FILED AT THIS TIME	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANDELL,B H	12 NAME	
STREET ADDRESS	3465 N. MERIDIAN AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MANDELL, LLOYD	22 NAME	
STREET ADDRESS	3465 N. MERIDIAN AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. 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: Lloyd Mandell — 15 JUNE 95 — 305 674-6971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046431 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 [illegible]

DOCUMENT # **138844** **(6)**

1. Corporation Name

CAUSEWAY LUMBER COMPANY, INC.

Principal Place of Business	Mailing Address
2601 S ANDREWS AVE P.O. BOX 21088 FT. LAUDERDALE FL 33316	2601 S ANDREWS AVE P.O. BOX 21088 FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1940**
3a. Date of Last Report: **03/31/1994**

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: **59-0188237** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Candidate ☐ **$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

WHIDDON, M. SCOTT
2601 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316

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, DELETIONS	
TITLE	~~STD~~	11 TITLE	X Change ☐ Addition
NAME	~~NEWCOMBE, DAVID S.~~	12 NAME	STD
STREET ADDRESS	~~2601 S ANDREWS AVE~~	13 STREET ADDRESS	Hutchison, Douglas B.
CITY ST ZIP	~~FT. LAUDERDALE FL~~	14 CITY ST ZIP	2601 S Andrews Ave Fort Lauderdale, FL
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	WHIDDON, MICHAEL S.	22 NAME	
STREET ADDRESS	2601 S. ANDREWS AVE.	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	WHIDDON, ANGELYN S	32 NAME	
STREET ADDRESS	2601 S. ANDREWS AVE.	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE 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, added or deleted.

SIGNATURE: [signature] Douglas B. Hutchison 6-16-95 (305) 763-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076373 CP

CR2E034 (3/95)