FILE NOW: FILING FEE AFTER MAY 1 IS $22 00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
[illegible]

APPROVED
AND
FILED
95 MAY -1 [illegible] 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 400760 (5)

1. Corporate Name
JUNE'S FASHIONS & BRIDES, INC.

Principal Office Address
6099 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

Mailing Address
6099 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

2. [illegible] | 2a. Mailing Address
21 | 26
Suite, Apt. # etc. | Suite, Apt. # etc.
22 | 27
City & State | City & State
23 | 28
Zip 24 | County 25 | Zip 29 | Country 30

3. Date Incorporated or Qualified: 05/09/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1396574 ☐ 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**

ROSEN, RONALD
11021 SW 93 CT
MIAMI FL 33176

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9650 SW 62 CT.
83
84 City MIAMI **FL**
85 Zip Code 33156

11. [illegible] 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 [illegible] Section 607.0505, Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BERNSTEIN, RICHARD
STREET ADDRESS	10220 SW 142 ST
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	ROSEN,LARRY
STREET ADDRESS	19 ROBERT FROST ROAD
CITY-ST-ZIP	SUDBURY MA
TITLE	STD
NAME	ROSEN, JANE
STREET ADDRESS	437 GOLDEN ISLES DR #12E
CITY-ST-ZIP	HALLANDALE FL
TITLE	DPC
NAME	ROSEN, RONALD
STREET ADDRESS	11021 SW 93 CT
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition
9650 SW 62 CT.
MIAMI FL 33156

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and [illegible] qualify for the exemption stated in Section [illegible], Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report [illegible] 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 [illegible] 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: Ronald R. Rosen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD R. ROSEN

4/25/95
Date

305-987-0525
Daytime Phone #

0086455 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
FILED
95 MAY -1 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **400801** (7)

1. Corporate Name
INSTITUTIONAL SALES CORPORATION

Principal Place of Business
2200 ANVIL ST N
ST PETERSBURG FL 33710

Mailing Address
2200 ANVIL ST N
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/09/1972**
3a. Date of Last Report **04/12/1994**
4. FEI Number **59-1409527** ☐ 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
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

PINSKER, HOWARD
9340 TRADEWINDS AVE.
SEMINOLE FL 33542

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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	**P**	1.1 TITLE	☐ Change ☐ Addition
NAME	**PINSKER, HOWARD**	1.2 NAME	
STREET ADDRESS	**9340 TRADEWINDS AVE.**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**SEMINOLE FL**	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, 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)(k), 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: Howard Pinsker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD PINSKER

April 24, 1995
Daytime Phone #

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 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **403171** **(2)**

1. Corporation Name
SOLOMON'S BARGAIN CENTER, INC.

Principal Place of Business	Mailing Address
4324 ATLANTIC BLVD JACKSONVILLE FL 32207-2043 US	4324 ATLANTIC BLVD JACKSONVILLE FL 32207-2043 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1972
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1400365 ☐ 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	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

SOLOMON, DOUGLAS G.
4324 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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 Douglas Solomon Sec treas. 4-27-95
Signature, typed or printed name of registered agent and title if applicable / Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SOLOMON, RAYMOND G
STREET ADDRESS	3500 SUNNYSIDE DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TVD
NAME	SOLOMON,FERRIS G
STREET ADDRESS	4241 PT LA VOSTA R W
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD
NAME	SOLOMON,DOUGLAS G
STREET ADDRESS	8477 GRAYLING DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: Douglas Solomon Sec treas 4-27-95 904-398-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
Douglas Solomon

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 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **404191** **(9)**

1. Corporation Name
ST.PIERRE ENTERPRISES, INC

Principal Place of Business
2625 ATLANTIC BLVD.
PO BOX 308
VERO BEACH FL 32961-7308

Mailing Address
2625 ATLANTIC BLVD.
PO BOX 308
VERO BEACH FL 32961-7308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1972**
3a. Date of Last Report: **03/11/1994**
4. FEI Number: **59-1405217** ☐ 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
21 1940 SAND DOLLAR LANE
Suite, Apt. #, etc.
22
City & State
23 VERO BEACH FL
Zip
24 32963
Country
25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

ST. PIERRE, BERNARD
2625 ATLANTIC BLVD.
VERO BEACH FL 32961

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1940 SAND DOLLAR LANE
83
84 City VERO BEACH **FL** 85 Zip Code 32963

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**	1.1 TITLE		☒ Change ☐ Addition
NAME	**ST PIERRE, BERNARD**	1.2 NAME		
STREET ADDRESS	**2625 ATLANTIC BLVD.**	1.3 STREET ADDRESS	1940 SAND DOLLAR LANE	
CITY-ST-ZIP	**VERO BEACH FL**	1.4 CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	**V**	2.1 TITLE		☐ Change ☐ Addition
NAME	**ST PIERRE, PATRICK**	2.2 NAME		
STREET ADDRESS	**1745 42ND AVE.**	2.3 STREET ADDRESS		
CITY-ST-ZIP	**VERO BEACH FL**	2.4 CITY-ST-ZIP		
TITLE	**ST**	3.1 TITLE		☒ Change ☐ Addition
NAME	**ST PIERRE, JEANNETTE**	3.2 NAME		
STREET ADDRESS	**2625 ATLANTIC BLVD.**	3.3 STREET ADDRESS	1940 SAND DOLLAR LANE	
CITY-ST-ZIP	**VERO BEACH FL**	3.4 CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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(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 this 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: Jeannette M St. Pierre JEANNETTE M. ST. PIERRE Sec Treas. 5/1/95 (407) 388-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0074602 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
9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **405150** **(4)**

1. Corporation Name
POINCIANA UTILITIES INC

Principal Place of Business
4837 SWIFT ROAD
SARASOTA FL 34231

Mailing Address
4837 SWIFT ROAD
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1972
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1465024 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

9. Name and Address of Current Registered Agent

GORDON, ROBERT B
255 ALHAMBRA CIRCLE
9TH 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

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PCB~~	11 TITLE	P/D	☒ Change	☐ Addition
NAME	GORDON, ROBERT B	12 NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE	13 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP			
TITLE	~~EVP~~	21 TITLE	V/D	☒ Change	☐ Addition
NAME	BRADTMILLER, PAUL	22 NAME			
STREET ADDRESS	4837 SWIFT RD	23 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP			
TITLE	~~SVP~~	31 TITLE	V/T	☐ Change	☒ Addition
NAME	~~OVERTON, JOHNNIE~~	32 NAME	MURPHY, MICHAEL		
STREET ADDRESS	4837 SWIFT RD	33 STREET ADDRESS	4837 SWIFT RD., #200		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	CAST	41 TITLE		☐ Change	☐ Addition
NAME	SCHIFANO, JOSEPH	42 NAME			
STREET ADDRESS	4837 SWIFT RD	43 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP			
TITLE	~~AS~~	51 TITLE	S	☐ Change	☒ Addition
NAME	~~ALONSO, MAYRA~~	52 NAME	CHUBBUCK, ANITA J.		
STREET ADDRESS	255 ALHAMBRA CIR	53 STREET ADDRESS	4837 SWIFT RD., #200		
CITY-ST-ZIP	CORAL GABLES FL	54 CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	~~TS~~	61 TITLE	D	☐ Change	☒ Addition
NAME	~~MILLER, SHARI N~~	62 NAME	MCNAIRY, CHARLES		
STREET ADDRESS	255 ALHAMBRA CIRCLE	63 STREET ADDRESS	255 ALHAMBRA CIRCLE		
CITY-ST-ZIP	CORAL GABLES FL	64 CITY-ST-ZIP	CORAL GABLES, 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(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: Robert B. Gordon 4/18/95 305-442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT B. GORDON PRESIDENT
Date
Daytime Phone #

0338748 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
95 MAY -1 [illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **410213** **(3)**

1. Corporate Name

J. BAILEY WOLFORTH INC

Principal Place of Business
14 SABAL ISLAND DR
OCEAN RIDGE FL 33435

Mailing Address
14 SABAL ISLAND DR
OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1426475 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

WOLFORTH, J. BAILEY
5114 OCEAN BLVD.
OCEAN RIDGE FL 33435

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 _______________

12. OFFICERS AND DIRECTORS

TITLE	**P**
NAME	**WOLFORTH, J. BAILEY.**
STREET ADDRESS	**5114 N. OCEAN BLVD.**
CITY-ST-ZIP	**OCEAN RIDGE FL**
TITLE	**ST**
NAME	**WOLFORTH, SANDRA K.**
STREET ADDRESS	**5114 N. OCEAN BLVD.**
CITY-ST-ZIP	**OCEAN RIDGE FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 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: J. Bailey Wolforth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. BAILEY WOLFORTH

4-30-95
DATE

407-278-6790
DAYTIME PHONE #

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 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **411460** (9)

1. Corporation Name

ORANGE PARK (FLA.) FOOTACTION, INC. #250

Principal Place of Business
~~3940 PIPESTONE ROAD~~
~~DALLAS TX 75212~~
~~US~~

Mailing Address
3940 PIPESTONE ROAD
DALLAS TX 75212
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1972
3a. Date of Last Report: 04/28/1994
4. FEI Number: 04-2508086 ☐ 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
21 1910 WELLS ROAD
Suite, Apt. #, etc.
22 #D-18
City & State
23 ORANGE PARK, FL
Zip
24 32073
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

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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	P	11 TITLE		☐ Change	☐ Addition
NAME	PARKS, RALPH T.	12 NAME			
STREET ADDRESS	3940 PIPESTONE ROAD	13 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75212	14 CITY-ST-ZIP			
TITLE	SVP	21 TITLE		☐ Change	☐ Addition
NAME	ALBERT, CHARLES M.	22 NAME			
STREET ADDRESS	3940 PIPESTONE ROAD	23 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75212	24 CITY-ST-ZIP			
TITLE	VPT	31 TITLE		☐ Change	☐ Addition
NAME	ROACH, DONALD V.	32 NAME			
STREET ADDRESS	3940 PIPESTONE ROAD	33 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75212	34 CITY-ST-ZIP			
TITLE	S	41 TITLE	SECRETARY	☒ Change	☐ Addition
NAME	~~COUTTS, FREDERICK W.~~	42 NAME	MARK W. MAYER		
STREET ADDRESS	~~3940 PIPESTONE ROAD~~	43 STREET ADDRESS	3940 PIPESTONE ROAD		
CITY-ST-ZIP	~~DALLAS TX~~	44 CITY-ST-ZIP	DALLAS, TX 75212		
TITLE	D	51 TITLE	DIRECTOR	☒ Change	☐ Addition
NAME	~~SHAHID, QURAESHI~~	52 NAME	RALPH T. PARKS		
STREET ADDRESS	~~3940 PIPESTONE ROAD~~	53 STREET ADDRESS	3940 PIPESTONE ROAD		
CITY-ST-ZIP	~~DALLAS TX~~	54 CITY-ST-ZIP	DALLAS, TX 75212		
TITLE	D	61 TITLE	DIRECTOR	☒ Change	☐ Addition
NAME	~~BRENNAN, MICHAEL R.~~	62 NAME	JERALD S. POLITZER		
STREET ADDRESS	~~3940 PIPESTONE ROAD~~	63 STREET ADDRESS	ONE THEALL ROAD		
CITY-ST-ZIP	~~DALLAS TX~~	64 CITY-ST-ZIP	RYE, NY 10580		

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 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: MARK W. MAYER, SECRETARY 3-22-95 214-634-7155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #