FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **446653** **(8)**

1. Corporate Name

TOTALBANK

Principal Place of Business	Mailing Address
2720 CORAL WAY MIAMI FL 33145-0271	2720 CORAL WAY MIAMI FL 33145-0271

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1974	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1498440	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. 199.042 Florida Statutes ☐ Yes ☐ No	

2. Principal Office If Changed — 21 / 22 / 23 City & State / 24 / 25

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

9. Name and Address of Current Registered Agent

SCHLOSBERG, DAVID I., ESQUIRE
2720 CORAL WAY
MIAMI FL 33145-0271

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 617.0502, 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	D-	TITLE	CD ☒ Change ☐ Addition
NAME	ARSHT FELDMAN, ADRIENNE	NAME	
STREET ADDRESS	10608 STAPLEFORD HALL DR	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	CITY-ST-ZIP	
TITLE	PCD	TITLE	☐ Change ☐ Addition
NAME	HEFFERNAN, WILLIAM, J	NAME	
STREET ADDRESS	351 NE 105TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	KELLER, BRUCE A.	NAME	
STREET ADDRESS	13899 BISCAYNE BLV, #204	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	EIDELSTEIN, GARY, P	NAME	
STREET ADDRESS	2 GROVE ISLE DR #1602	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	CD	TITLE	D ☒ Change ☐ Addition
NAME	FELDMAN, MYER	NAME	
STREET ADDRESS	10608 STAPLEFORD HALL DR	STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	CRUANYAS, ANGELA R.	NAME	
STREET ADDRESS	851 SE 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	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: [signature] 04/28/95 (305)448-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM J. HEFFERNAN, PRESIDENT/CHAIRMAN/DIRECTOR

0169285 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

DOCUMENT # **447562** **(0)**

1. Corporation Name
SCARSDALE CARPET SERVICE, INC.

Principal Place of Business: 3771 N.W. 126TH AVE. CORAL SPGS. FL 33065

Mailing Address: 3771 N.W. 126TH AVE. CORAL SPGS. FL 33065

APPROVED ... 57 ... TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/12/1974**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: **59-1519157** ☐ Applied For ☐ Not Applicable

21
Suite, Apt. # etc.
22
City & State
23
Zip / Country
24 25

26
Suite, Apt. # etc.
27
City & State
28
Zip / Country
29 30

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 X Yes ☐ No

9. Name and Address of Current Registered Agent

COLIN, MICHAEL C
3771 N.W. 126TH AVE.
CORAL SPGS. FL 33065

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] MICHAEL COLIN 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	COLIN, MICHAEL C.	NAME	
STREET ADDRESS	2940 N.W. 115 TERR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 [signature] 5-1-95 305 753-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL C. COLIN

0100070 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

APPROVED AND FILED

57

TALLAHASSEE, FLORIDA

DOCUMENT # 447868 (1)

1. Corporation Name
WJCM, INC.

Principal Place of Business:
4124 CEMETERY RD
PO BOX 1766
SEBRING FL 33870

Mailing Address:
PO BOX 1743
PO BOX 1766
ORLANDO FL 34786-1743
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1974
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-1549998 — 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 Office If Changed — 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

MCLEAN, DAVID
1801 CLARKE RD.
ORLANDO FL 32818

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

TITLE	P
NAME	PERSAUD, SABETA
STREET ADDRESS	8236 CONROY WINDERMERE RD
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	PERSAUD, R.K.
STREET ADDRESS	8236 CONROY WINDERMERE RD
CITY-ST-ZIP	ORLANDO FL
TITLE	ST
NAME	PERSAUD, SABETA
STREET ADDRESS	8236 CONROY WINDERMERE RD
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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: Sabeta Persaud SABETA PERSAUD, 4/18/95 397/1375

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

0463390 FP