FILE NOW: FILING FEE AFTER MAY 1 IS $400.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 463285 (7)

1. Corporation Name
A GARDEN FAIR OF CENTRAL FLORIDA, INC.

Principal Place of Business
603 MONTGOMERY ROAD
ALTAMONTE SPRINGS FL 32714

Mailing Address
603 MONTGOMERY ROAD
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1974
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1556079 — 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

HAYES, DENNIS E.
603 MONTGOMERY ROAD
ALTAMONTE SPRINGS FL 32701

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	ST
NAME	HAYES, KAREN
STREET ADDRESS	603 MONTGOMERY RD
CITY-ST-ZIP	ALTAMONTE SPGS. FL
TITLE	PD
NAME	HAYES, DENNIS E.
STREET ADDRESS	603 MONTGOMERY RD
CITY-ST-ZIP	ALTAMONTE SPGS. 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)(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: Karen K. Hayes KAREN K. HAYES 5/4/95 (407) 862-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0009940 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

9: 15

STATE
FLORIDA

DOCUMENT # **463727** **(8)**

1. Corporate Name
SUPERTYPE, INC.

Principal Address:	Mailing Address:
1399 S E 9 AVE HIALEAH FL 33010	1399 S E 9 AVE HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **12/02/1974**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business
21
Suite Apt. # (if)
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite Apt. # (if)
27
City & State
28
Zip
29
County
30

4. FEI Number: **59-1563006**
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
JOHN LEWIS 2699 S. BAYSHORE DR. MIAMI FL 33133	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 Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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	
20 Title	ST	20 Title	☒ Change ☐ Addition
21 Name	STETZEL, SHARON R.	21 Name	
22 Street Address	6843 S.W. 128 CT.	22 Street Address	1527 AQUEDUCT LN
23 City-St-Zip	MIAMI FL	23 City-St-Zip	KEY LARGO, FL 33037
24 Title	P	24 Title	☐ Change ☐ Addition
25 Name	SHEPPARD, LIVINGSTON	25 Name	
26 Street Address	11 ISLAND DR. # 1812	26 Street Address	
27 City-St-Zip	MIAMI BEACH FL	27 City-St-Zip	
28 Title		28 Title	☐ Change ☐ Addition
29 Name		29 Name	
30 Street Address		30 Street Address	
31 City-St-Zip		31 City-St-Zip	
32 Title		32 Title	☐ Change ☐ Addition
33 Name		33 Name	
34 Street Address		34 Street Address	
35 City-St-Zip		35 City-St-Zip	
36 Title		36 Title	☐ Change ☐ Addition
37 Name		37 Name	
38 Street Address		38 Street Address	
39 City-St-Zip		39 City-St-Zip	
40 Title		40 Title	☐ Change ☐ Addition
41 Name		41 Name	
42 Street Address		42 Street Address	
43 City-St-Zip		43 City-St-Zip	
44 Title		44 Title	☐ Change ☐ Addition
45 Name		45 Name	
46 Street Address		46 Street Address	
47 City-St-Zip		47 City-St-Zip	

14. I/We 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 added to the report or an attachment with an address.

SIGNATURE: Sharon R. Stetzel Joan Lewis 5/10/95 305-8856241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON R. STETZEL

007002 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

95 MAY ... PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **467213** **(5)**

1. Corporate Name
DESANTIS, INC.

Principal Place of Business	Mailing Address
938 S.W. MARTIN DOWNS BLVD P.O. BOX 2776 STUART FL 34995	938 S.W. MARTIN DOWNS BLVD P.O. BOX 2776 STUART FL 34995

3. Date Incorporated or Qualified: 01/07/1975	3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-1573895	[ ] 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 948 SW MARTIN Downs Blvd	26 948 SW MARTIN Downs Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCARTHY TERRANCE D. 2081 E. OCEAN BLVD STUART FL 34996	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	
TITLE	PVT	TITLE	[ ] Change [ ] Addition
NAME	DESANTIS, ROBERT G	NAME	
STREET ADDRESS	73 S RIVER RD	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	S	TITLE	[ ] Change [ ] Addition
NAME	MCCARTHY, TERRENCE	NAME	
STREET ADDRESS	2081 E. OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	STUART 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	

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] 5/8/95 407-283-4640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Robert G DeSantis, President

Date Daytime Phone

0465047 FP