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 -1 AM 10:57

DOCUMENT # **493131** **(7)**

1. Corporation Name

INFECTIOUS DISEASE CONSULTANTS, M.D., P.A.

Principal Place of Business	Mailing Address
685 PALM SPGS DR #2A **PALM SPRINGS MEDICAL CENTER** **ALTAMONTE SPRINGS FL 32701**	**685 PALM SPGS DR #2A** **PALM SPRINGS MEDICAL CENTER** **ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1976**
3a. Date of Last Report: **06/01/1994**

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: **59-1634257** ☐ 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* [X] Yes ☐ No

9. Name and Address of Current Registered Agent

RUIZ, CARLOS J.
685 PALM SPGS DR #2A
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PT	11 TITLE	☐ Change ☐ Addition
02 NAME	RUIZ, CARLOS J	12 NAME	
03 STREET ADDRESS	685 PALM SPGS DR #2A	13 STREET ADDRESS	
04 CITY ST ZIP	ALTAMONTE SPRGS, FL00000	14 CITY ST ZIP	
01 TITLE	S	21 TITLE	☐ Change ☐ Addition
02 NAME	CARRIZOSA, JAIME	22 NAME	
03 STREET ADDRESS	685 PALM SPGS DR #2A	23 STREET ADDRESS	
04 CITY ST ZIP	ALTAMONTE SPRGS, FL00000	24 CITY ST ZIP	
01 TITLE		31 TITLE	☐ Change ☐ Addition
02 NAME		32 NAME	
03 STREET ADDRESS		33 STREET ADDRESS	
04 CITY ST ZIP		34 CITY ST ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY ST ZIP		54 CITY ST ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 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 attached sheet, with an address.

SIGNATURE: *Carlos Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000493 01 CP

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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 - 1 PM 2:03

DOCUMENT # 493674 (6)

1. Corporation Name
A & E JEWELERS, INC.

Principal Place of Business	Mailing Address
9825-40 SAN JOSE BLVD. JACKSONVILLE FL 32257	9825-40 SAN JOSE BLVD. JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1976	3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-1648189	☐ 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 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ESPLING, BENGT A. I. 9825-40 SAN JOSE BLVD. JACKSONVILLE FL 32257	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 ______ (Registered agent signature) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☑ Addition
NAME	ESPLING, BENGT A.	1 2 NAME	
STREET ADDRESS	12459 CORMORANT DR	1 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	1 4 CITY ST ZIP	32223
TITLE	SD	2 1 TITLE	☐ Change ☑ Addition
NAME	ESPLING, LAURA	2 2 NAME	
STREET ADDRESS	12459 CORMORANT DR	2 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	2 4 CITY ST ZIP	32223
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 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: Bengt Espling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BENGT ESPLING

5-31-95 — Date
904-268-7975 — Daytime Phone #

0407077 FF

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CORPORATION ANNUAL REPORT **1995**

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # 496056 **(3)**

1. Corporation Name
EBONY 15, INC.

Principal Place of Business	Mailing Address
C/O ZIER & HACKER, P.A. 800 NORTH OCEAN DRIVE HOLLYWOOD FL 33019	C/O ZIER & HACKER, P.A. 800 NORTH OCEAN DRIVE HOLLYWOOD FL 33019

3. Date Incorporated or Qualified: 02/05/1976
3a. Date of Last Report: 05/27/1994

2. Principal Place of Business	2a. Mailing Address
3300 NORTH 29TH AVENUE SUITE 102 HOLLYWOOD, FL 33020	3300 NORTH 29TH AVENUE SUITE 102 HOLLYWOOD, FL 33020
Zip / Country	Zip / Country

4. FEI Number: 59-1642573 ☐ 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
GILYARD, HENRY 1702 S. 22 AVE. HOLLYWOOOD FL 33020	Name: GILYARD, HENRY Street Address (P.O. Box Number is Not Acceptable): 2324 MAYO ST City: HOLLYWOOD FL Zip Code: 33020

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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	GILYARD, HENRY	1.2 NAME	GILYARD, HENRY
STREET ADDRESS	1702 S. 22 AVE.	1.3 STREET ADDRESS	2324 MAYO ST
CITY ST ZIP	HOLLYWOOD FL	1.4 CITY ST ZIP	HOLLYWOOD, FL 33020
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SAWYER, VERNITA D	2.2 NAME	
STREET ADDRESS	2324 MAYO ST	2.3 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	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 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: Henry Gilyard 5/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone

0000178 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 # **500116** **(9)**

1. Corporation Name
DAVID R. BEAM, M.D., P.A.

Principal Place of Business	Mailing Address
3355 COUNTY ROAD 70 PALM HARBOR FL 34683-6906	3355 COUNTY ROAD 70 PALM HARBOR FL 34683-6906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/30/1976**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1652687**	☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BEAM, DAVID R.
833 MILWAUKEE AVENUE
DUNEDIN FL 33528

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

(If changing Registered Agent, Registered Agent must sign above and print name below.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BEAM, DAVID R.	12 NAME	
STREET ADDRESS	3355 BELCHER RD	13 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	BEAM, MARY LOU	22 NAME	
STREET ADDRESS	3355 BELCHER RD	23 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BEAM, MARY LOU	32 NAME	
STREET ADDRESS	3355 BELCHER RD	33 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR 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: x David R Beam M.D. 5/01/95 (813) 774-6786

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

0500370 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 502269 (4)

1. Corporation Name

ORASSU DEVELOPMENT, INC.

Principal Place of Business
282 HERMOSITA DRIVE
ST PETERSBURG BEACH FL 33706

Mailing Address
282 HERMOSITA DRIVE
ST PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1976
3a. Date of Last Report: 05/24/1994

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

4. FEI Number: 59-1673307 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRACH, ERIKA
282 HERMOSITA DRIVE
ST PETERSBURG BEACH, FL
33706

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	PTD
NAME	BRACH, ERIKA
STREET ADDRESS	282 HERMOSITA DR
CITY ST ZIP	ST PETERSBURG, FL 00000
TITLE	S
NAME	SHARIT, JOE L JR
STREET ADDRESS	99 SIXTH STREET, S.W.
CITY ST ZIP	WINTER HAVEN, FL 00000
TITLE	V
NAME	BRACH, ARMIN
STREET ADDRESS	6 SMOKERISC CT
CITY ST ZIP	GREENSBORO NC
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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: [signature] 5-30-95 (813) 360-2234

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

Erika Brach

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 503241 (2)

1. Corporation Name

CONTRACTORS SUPPLY OF ORLANDO, INC.

Principal Place of Business
102 W ILIANA ST.
ORLANDO FL 32806

Mailing Address
102 W ILIANA ST.
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1976

3a. Date of Last Report: 01/19/1994

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

4. FEI Number: 59-1679932 ☐ 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

RICHARDS, THOMAS
102 W. ILLIANA AVE.
ORLANDO FL

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	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	CRIDER, W. FRANK	1.2 NAME	
STREET ADDRESS	11252 CLAPP SIMS DUDA RD	1.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, THOMAS	2.2 NAME	
STREET ADDRESS	1707 COLLEEN DR.	2.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	SWIFT, ROSANNE M.	3.2 NAME	
STREET ADDRESS	6717 MATHER AVE.	3.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 00000	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 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: Thomas E. Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Richards President

5/31/95 Date

407-843 6592 Daytime Phone #

0067120 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 # 504504 (2)

1. Corporation Name
HEWITT PROPERTIES, INC.

Principal Place of Business	Mailing Address
1411 EDGEWATER DRIVE, STE. 101 ORLANDO FL 32804	1411 EDGEWATER DRIVE, STE. 101 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1976
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-1678330 ☐ 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

HEWITT, ROBERT W.
1411 EDGEWATER DRIVE
SUITE 101
ORLANDO FL 32804

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	V
NAME	HEWITT, ROBERT C.
STREET ADDRESS	1411 EDGEWATER DR
CITY ST ZIP	ORLANDO FL
TITLE	S
NAME	WOODALL, MARY E.
STREET ADDRESS	1411 EDGEWATER DR
CITY ST ZIP	ORLANDO FL
TITLE	P
NAME	HEWITT, ROBERT W.
STREET ADDRESS	1411 EDGEWATER DR.
CITY ST ZIP	ORLANDO 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

1.1 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: Mary Woodall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95
Date

(407) 8946731
Daytime Phone #

CP