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 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **510198** **(5)**

1. Corporation Name

SOLRAC, INC.

Principal Place of Business:
3810 NE 22ND WAY
LIGHTHOUSE POINT FL 33064
US

Mailing Address:
3810 NE 22ND WAY
LIGHTHOUSE POINT FL 33064
US

3. Date Incorporated or Qualified: 08/10/1976
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1708996 — 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

2. Principal Place of Business — 2a. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. # etc.
City & State — City & State

9. **Name and Address of Current Registered Agent**

BERNAL, NORHA
3810 NE 22ND WAY
LIGHTHOUSE POINT FL 33064

10. **Name and Address of New Registered Agent**

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. [signature] 5-12-95

12. OFFICERS AND DIRECTORS

PD
PRADILLA, ROBERTO
3810 NE 22ND WAY
LIGHTHOUSE POINT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Change / Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07 of the 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Pradilla

5/12/95 — 305-781-4412

0109311 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 510355 (1)

1. Corporate Name
PLACID AUTO PARTS, INC.

Principal Place of Business
225 EUCALYPTUS ST.
LAKE PLACID FL 33852

Mailing Address
225 EUCALYPTUS ST.
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/11/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1688634 ☐ 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

BLOUNT, STEPHEN T
247 CATFISH CREEK RD
LAKE PLACID FL 33852

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 Phyllis J Blount 05/01/95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BLOUNT, STEPHEN T
STREET ADDRESS	247 CATFISH CREEK RD
CITY-ST-ZIP	LAKE PLACID FL
TITLE	ST
NAME	BLOUNT, PHYLLIS
STREET ADDRESS	247 CATFISH CREEK RD
CITY-ST-ZIP	LAKE PLACID 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. TITLE / 1. NAME / 1. STREET ADDRESS / 1. CITY-ST-ZIP		☐ Change ☐ Addition
2. TITLE / 2. NAME / 2. STREET ADDRESS / 2. CITY-ST-ZIP		☐ Change ☐ Addition
3. TITLE / 3. NAME / 3. STREET ADDRESS / 3. CITY-ST-ZIP		☐ Change ☐ Addition
4. TITLE / 4. NAME / 4. STREET ADDRESS / 4. CITY-ST-ZIP		☐ Change ☐ Addition
5. TITLE / 5. NAME / 5. STREET ADDRESS / 5. CITY-ST-ZIP		☐ Change ☐ Addition
6. TITLE / 6. NAME / 6. STREET ADDRESS / 6. CITY-ST-ZIP		☐ 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(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: Phyllis J Blount / Secretary 05/01/95 (813)465-5888

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

0317087 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 MAY ... AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **512843** (4)

1. Corporation Name
ALDO'S SURGICAL AND HOSPITAL SUPPLY, INC.

Principal Place of Business	Mailing Address
1435 W 49TH STREET HIALEAH FL 33012	1435 W 49TH STREET HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1976**
3a. Date of Last Report: **02/01/1994**
4. FEI Number: **59-1691078** [ ] 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 — 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

AMAT, JOSE R.
15609 S.W. 53RD STREET
MIAMI FL 33185

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

TITLE	PS
NAME	AMAT, JOSE R.
STREET ADDRESS	15609 S.W. 53RD STREET
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	AMAT, ADELINA
STREET ADDRESS	15609 S.W. 53RD STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] 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)(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: Jose Amat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 305 557 28 35

0001101 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

DOCUMENT # **516029** (6)

1\.

ROBLEY M. MILES, O.D.P.A.

Mailing Address

120 N FREDERICK AVE
DAYTONA BEACH FL 32114

120 N. FREDRICK AVE
DAYTONA BEACH FL 32114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/07/1976	04/18/1994

4\. FEI Number: 59-1141123 — Applied For / Not Applicable

2\. Principal Office Address — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City & State — 23 / 28

24 | 25 | 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 Florida Statutes [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

COOPER, SANDRA
875 EAST COQUINA DR
DAYTONA BEACH FL 32117

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	PD
NAME	MILES, ROBLEY M
STREET ADDRESS	120 N FREDERICK AVE
CITY-ST-ZIP	DAYTONA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14\. I hereby certify that the information supplied with this filing 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] Robley M. Miles 5-17-95 (904) 255-3132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0007867 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # 516693 (9)

WILLIAM J. ROMANOS, JR., M.D., P.A.

1016 N CLEMONS ST
323
JUPITER FL 33477
US

1016 N. CLEMONS ST
JUPITER FL 33477
US

3. 10/13/1976

3a. 04/29/1994

4. FEI Number
59-1712660

5. Certificate of Status (desired) $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

21 22 23 24 25 26 90050 US Hwy 1 27 Suite 205 28 Jupiter, Fl 29 33477 30 US

9. Name and Address of Current Registered Agent

ROMANOS, WILLIAM J, JR
1016 N. CLEMONS ST. S-306
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City FL 85 Zip Code

11. [illegible]

12. OFFICER AND DIRECTORS

PD
ROMANOS, WILLIAM J., JR.
1016 N. CLEMONS ST., #323
JUPITER FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. [illegible]

SIGNATURE: William J Romanos Jr WILLIAM ROMANOS JR 5/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR

407 746 7224

0274306 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 517228 (3)

1\. Corporate Name

HARRY HOPMAN TENNIS, INC.

APPROVED AND FILED

[illegible] 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8316 C BARDMOOR BLVD LARGO FL 34647	8316 C BARDMOOR BLVD. LARGO FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1976	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1694145	☐ 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
HOPMAN (LUCY) 8316 C BARDMOOR BLVD. LARGO FL 34647	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	PST	1 TITLE	☐ Change ☐ Addition
NAME	HOPMAN, LUCY	1 NAME	
STREET ADDRESS	8316 C BARDMOOR BLVD.	1 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		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(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: Lucy Hopman President 813-393-5666

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

0363480 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 518000 (5)

1. Corporation Name

GATOR LURES, INC.

Principal Place of Business

6300 NORTH ATLANTIC AVE.
P. O. BOX 1135
CAPE CANAVERAL FL 32920

Mailing Address

6300 NORTH ATLANTIC AVE.
P. O. BOX 1135
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1976

3a. Date of Last Report: 05/17/1994

4. FEI Number: 59-1706691 — Applied For / Not Applicable

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

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 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISH, GERALD
6300 NORTH ATLANTIC AVE.
CAPE CANAVERAL FL 32920

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	SD
NAME	FISH, GERALD
STREET ADDRESS	104 SURF DRIVE
CITY-ST-ZIP	COCOA BEACH FL
TITLE	D
NAME	SCHALLER, JUNE
STREET ADDRESS	242 MARIAH CT.
CITY-ST-ZIP	MERRITT ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (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: Gerald Fish GERALD FISH 5-17-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0420126 FP