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 23 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **579396** **(3)**

1. Corporate Name
MIKESELL ROOFING COMPANY.

Principal Place of Business
525 EVEREST ROAD
S. VENICE FL 34293

Mailing Address
525 EVEREST ROAD
S VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1832915 — 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MIKESELL, ROBERT P
525 EVEREST RD
S. VENICE, FLA.
33595

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	PD	1 TITLE	☐ Change ☐ Addition
NAME	MIKESELL, ROBERT P.	1 NAME	
STREET ADDRESS	525 EVEREST ROAD	1 STREET ADDRESS	
CITY-ST-ZIP	S. VENICE FL	1 CITY-ST-ZIP	
TITLE	VDT	2 TITLE	☐ Change ☐ Addition
NAME	MIKESELL, DOUGLAS P.	2 NAME	
STREET ADDRESS	742 MANGROVE ROAD	2 STREET ADDRESS	
CITY-ST-ZIP	S. VENICE FL	2 CITY-ST-ZIP	
TITLE	S	3 TITLE	☐ Change ☐ Addition
NAME	MIKESELL, HELGA M.	3 NAME	
STREET ADDRESS	525 EVEREST ROAD	3 STREET ADDRESS	
CITY-ST-ZIP	S. VENICE FL	3 CITY-ST-ZIP	
TITLE	VP	4 TITLE	☐ Change ☐ Addition
NAME	LAVER, CHARLES	4 NAME	
STREET ADDRESS	32 CYPRESS RD	4 STREET ADDRESS	
CITY-ST-ZIP	S VENICE FL	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 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)(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 P. Mikesell [signature] 5-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
813-493-6818

0340733 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED

TALLAHASSEE, FLORIDA

DOCUMENT # **579953** **(1)**

1. Corporate Name
BIG J CORP.

Principal Place of Business	Mailing Address
9034 SW 132 LANE MIAMI FL 33176 US	9034 SW 132 LANE MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1978
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1940585 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. [ ] — $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 Same as above
2a. Mailing Address: 26 Same as above.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FEANNY, SUZANNE 7855 NW 12TH ST., SUITE 212 MIAMI FL 33126	Name: Suzanne Feanny Street Address: 9034 S.W. 132 Lane City: Miami FL 33176

11. [illegible]

SIGNATURE: Suzanne Feanny

12. Officers and Directors	13. Additions/Changes
PST JOSEPH, CLAUDE A 9819 SW 147TH PLACE MIAMI FL	
D JOSEPH, CLAUDE A 9819 SW 147TH PLACE MIAMI, FL 0	
M FEANNY, SUZANNE 9365 SW 142ND STREET MIAMI FL	[x] Change 9034 S.W. 132 Lane miami, Fl., 33176

14. [illegible]

SIGNATURE: Suzanne Feanny Manager May 2 95. 254-4434 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0192837 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 582518 (7)

1. Corporate Name

DJ'S AUTO SALES OF OCOEE, INC.

Principal Place of Business | Mailing Address

1 WEST MCKEY STREET
OCOEE FL 34761-2645

1 WEST MCKEY STREET
OCOEE FL 34761-2645

3. Date Incorporated or Qualified: 08/17/1978

3a. Date of Last Report: 06/01/1994

4. FEI Number: 59-2111791 [ ] 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 | 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

9. Name and Address of Current Registered Agent

SILLS, JIMMY
1 WEST MCKEY STREET
OCOEE 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILLS, JIMMY F
STREET ADDRESS	205 S LAKESHORE DR.
CITY-ST-ZIP	OCOEE 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)(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: X Jimmy F Sills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Title | Daytime Phone #

0377356 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

DOCUMENT # **585110** **(0)**

1. Corporation Name
NATIONWIDE AUTOBODY, INC.

Principal Place of Business	Mailing Address
1365 S. MISSOURI AVE. CLEARWATER FL 34616	1365 S. MISSOURI AVE. CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1978**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **59-1878479** ☐ 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 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

VASILAROS, JACK
1365 S. MISSOURI AVE
CLEARWATER FL 33516

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	VASILAROS, JACK
STREET ADDRESS	11-1/2 HEILWOOD AVENUE
CITY-ST-ZIP	CLEARWATER 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)(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 changing, or on an attachment with an address.

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

0384427 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
... 10: 15
... STATE ... FLORIDA

DOCUMENT # **588314** **(5)**

1. Corporation Name
POUL MADSEN, INC.

Principal Place of Business	Mailing Address
19829 GULF BOULEVARD INDIAN SHORES FL 34635	19829 GULF BOULEVARD INDIAN SHORES FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/03/1978**
3a. Date of Last Report: **04/22/1994**

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: **59-1851692** ☐ 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
ANDERSON, DAVID W. 2181 INDIAN ROCKS RD. LARGO FL 34644	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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	MADSEN, POUL E.	12 NAME	
STREET ADDRESS	16108 6TH ST., E.	13 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON BCH. FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	MADSEN, CAROL L.	22 NAME	
STREET ADDRESS	16108 6TH ST., E.	23 STREET ADDRESS	
CITY-ST-ZIP	REDINGTON BCH. FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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: Poul E. Madsen — 4-20-95 — 813 595-5525

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

0370853 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

MAY 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 590179 (8)

1. Corporation Name

THE SOUND, INC.

Principal Place of Business	Mailing Address
108 WEST HWY 98 FT WALTON BCH FL 32548	108 WEST HWY 98 FT WALTON BCH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1978	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1859390	☐ 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

WILSON, PENNY N.
108 WEST HWY 98
FT. WALTON BCH FL 32548

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 ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILSON, PENNY N
STREET ADDRESS	601 CINCO TERRACE LANE
CITY-ST-ZIP	FT WALTON BCH, FL 00000

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: *[signature]* PENNY WILSON 3.27.95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0470432 FP

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

DOCUMENT # **592104** (4)

1. Corporate Name

NATIONWIDE AUTO REPAIR CENTER, INC.

Principal Place of Business	Mailing Address
2582 HAAS AVENUE CLEARWATER FL 34623	2582 HAAS AVENUE CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1978**
3a. Date of Last Report: **04/25/1994**

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

4. FEI Number: **59-1870247** ☐ 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
VASILAROS, JACK 11 HEILWOOD AVENUE CLEARWATER BEACH FL 34630	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	VASILAROS, JACK
STREET ADDRESS	11 HEILWOOD AVE.
CITY ST ZIP	CLEARWATER BCH. FL
TITLE	VP
NAME	SOPHIA VASILOARS
STREET ADDRESS	11 HEILWOOD AVE.
CITY ST ZIP	CLEARWATER BCH. FL
TITLE	~~GM~~
NAME	~~VINCENT DEFINI,~~
STREET ADDRESS	~~2341 LERANA LANE~~
CITY ST ZIP	~~CLEARWATER FL 34625~~
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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-8-95 Daytime Phone #: 813-443-7874

2 00-02

0030044 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
[stamp, partly illegible] 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 594196 (8)

1. Corporation Name
W.S. PLUMER, INC.

Principal Place of Business	Mailing Address
101- BRIDGE ROAD P.O. BOX 3781 TEQUESTA FL 33469	101- BRIDGE ROAD P.O. BOX 3781 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1978
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1889458 — 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

PLUMER, W S
SANDPOINTE BAY DRIVE N APT 401
TEQUESTA FL 33469

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 W S Plumer DATE 5/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PLUMER, W S	1.2 NAME	
STREET ADDRESS	SANDPOINTE BAY DR N #401	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PLUMER, DONNA	2.2 NAME	
STREET ADDRESS	SANDPOINTE BAY DR N #401	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JANN P	3.2 NAME	
STREET ADDRESS	SANDPOINTE BAY DR N #401	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	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: William S. Plumer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/20/95
Daytime Phone #: 407-746-6098

0430196 FP