FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 AM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 615182 (3)

1. Corporation Name

CAMEO ANTIQUES, INC.

Principal Place of Business: 48 E ROYAL PALM RD, BOCA RATON FL 33432

Mailing Address: 48 E ROYAL PALM RD, BOCA RATON FL 33432

3. Date Incorporated or Qualified: 03/23/1979

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1893701 — 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 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LISTICK, MICHAEL M
616 E ATLANTIC AVE
DELRAY BCH. FL 33432

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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS	☐ Change ☐ Addition
NAME	ROBINSON, CHARLOTTE	
STREET ADDRESS	360 ALEXANDER PALM RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	☐ Change ☐ Addition
NAME	ROBINSON, MORRIS	
STREET ADDRESS	360 ALEXANDER PALM RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3), 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: Morris Robinson, Vice Pres. 4/27/95 407-368-9180

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

0250649 CP

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ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **617747** **(1)**

1. Corporate Name
UNDERILL MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
490 N. HARBOR CITY BLVD P.O. BOX 1796 MELBOURNE FL 32902	490 N. HARBOR CITY BLVD. P.O. BOX 1796 MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1979**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2350850** — 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 was subject to chapter 55-105 Florida Statutes: Yes ☐ / No ☐

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNDERILL, H J III 490 N HARBOR CITY BLVD MELBOURNE FL 32935	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 607.0501, 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	PSD	☐ Change ☐ Addition
Name	UNDERILL, H. J., III	
Street Address	490 N. HARBOR CITY BLVD.	
City-St-Zip	MELBOURNE FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: H. J. Underill III — 4/25/95 — 407/242-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0410711 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # **621688** **(1)**

1. Corporate Name
KHAN ENTERPRISES, OF TAMPA INC.

Principal Place of Business	Mailing Address
2010 ALDERWAY DRIVE BRANDON FL 33510	2010 ALDERWAY DRIVE BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/15/1979	05/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2049369 — Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
ZIP / County 24 / 25	ZIP / County 29 / 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANT, JOHN A., ESQ. 1411 NORTH WEST SHORE BLVD. SUITE 100 TAMPA FL	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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KHAN, MASOOD K.	12 NAME	
STREET ADDRESS	2010 ALDERWAY	13 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	KHAN, NANCY C.	22 NAME	
STREET ADDRESS	2010 ALDERWAY	23 STREET ADDRESS	
CITY ST ZIP	BRANDON 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: _____ 4/28/95 (813) 972-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440366 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA ANNUAL REPORT 1995

Jim Smith Secretary of State Division of Corporations

DOCUMENT # 625821 (4)

1. Corporate Name

WILSON PUMPS, INC.

Principal Place of Business	Mailing Address
NORTH HWY 17 P.O. BOX 185 WAUCHULA FL 33873	NORTH HWY 17 P.O. BOX 185 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1979

3a. Date of Last Report: 05/13/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Other — 22

Suite, Apt. # or Other — 27

City — 23

City & State — 28

— 24 — 25 — 29 — 30

4. FEI Number: 59-1912704 ☐ 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 was liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, WANDA
220 W. STRICKLAND
WAUCHULA FL 33873

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 Section 607.325, and 607.1605 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 607.325, Florida Statutes.

SIGNATURE (Required if this statement is submitted to change registered agent) (Registered agent's signature required) DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	WILSON, RONNIE	NAME	
STREET ADDRESS	717 SEMINOLE	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	WILSON, WANDA	NAME	
STREET ADDRESS	220 STRICKLAND	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 00000	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	HARBARUGH, SANDRA	NAME	
STREET ADDRESS	STERNER RD BOX 1511	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 00000	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. To the best of my knowledge, the information supplied with this report is complete and accurate, and I 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 that all applicable boxes have been marked. I am aware of and agree to the duties of the corporation's registered agent with respect to this report, as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or is set forth in an attachment with an address.

SIGNATURE: Sandra Harbarugh 4-27-95 813 7739469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

SANDRA HARBARUGH

0448081 FP