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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650228 (0)

1. Corporation Name
COOKWEARS, INC.

Principal Place of Business
7881 SW 69TH AVE.
SOUTH MIAMI FL 33143

Mailing Address
7881 SW 69TH AVE.
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0336441 — 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
MICHELSON, STUART R
1111 KANE CONCOURSE, SUITE 517
BAY HARBOR ISLANDS FL 33154

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

Field	Officer / Director
TITLE	PD
NAME	FORER, LORETTA
STREET ADDRESS	7881 SW 69TH AVE.
CITY-ST-ZIP	SOUTH MIAMI FL 33143
TITLE	VD
NAME	FORER, DANIEL B
STREET ADDRESS	7881 SW 69TH AVE.
CITY-ST-ZIP	SOUTH MIAMI FL 33186
TITLE	ST
NAME	BROWN, DEON M
STREET ADDRESS	19810 NE 10 PL
CITY-ST-ZIP	MIAMI 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 TITLE ☐ Change ☐ Addition / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP
2 TITLE ☐ Change ☐ Addition / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP
3 TITLE ☐ Change ☐ Addition / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP
4 TITLE ☐ Change ☐ Addition / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP
5 TITLE ☐ Change ☐ Addition / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP
6 TITLE ☐ Change ☐ Addition / 6 NAME / 6 STREET ADDRESS / 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(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: Loretta Forer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | Daytime Phone #

0184290 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
[illegible] AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650439 (3)

1. Corporation Name
EDUCATIONAL CLEARINGHOUSE, INC.

Principal Place of Business	Mailing Address
4721 CAPITAL CIR. SW PO BOX 3951 TALLAHASSEE FL 32315-0951	4721 CAPITAL CIR. SW PO BOX 3951 TALLAHASSEE FL 32315-0951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1980
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-2012522 ☐ 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 County 25	Zip 29 County 30

9. Name and Address of Current Registered Agent

SPEARS, PATRICIA F
ROUTE 3, BOX 706
HAVANA FL 32333

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: *Patricia F. Spears* Patricia F. Spears 5/18/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEARS, PATRICIA F
STREET ADDRESS	ROUTE 3, BOX 706
CITY-ST-ZIP	HAVANA FL
TITLE	STD
NAME	SPEARS, M F
STREET ADDRESS	2140 TED HINES DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	V
NAME	REEVES, JOAN D
STREET ADDRESS	RT. 3, BOX 706
CITY-ST-ZIP	HAVANA 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

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	ROUTE 2 BOX 631 QUINCY FL 32351	☒ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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(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: *Patricia F. Spears* 5/18/95 904-878-0522

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

0026083 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 653422 (6)

1. Corporation Name

SOUTHWIND INVESTMENT, INC.

Principal Place of Business	Mailing Address
BOX 490821 LEESBURG FL 34749	BOX 490821 LEESBURG FL 34749

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 01/24/1980
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21 Street, 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: 59-1970455 — 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

BOYD, MARTIN
1604 LOVES PT DR
LEESBURG FL 32748

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		
TITLE	ST	1.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, DIANNE	1.2 NAME		
STREET ADDRESS	1604 LOVES PT. DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, MARTIN	2.2 NAME		
STREET ADDRESS	1604 LOVES PT DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 00000	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	V	☐ Change ☒ Addition
NAME		3.2 NAME	MATTHEWS, MARC T.	
STREET ADDRESS		3.3 STREET ADDRESS	103 South 6th Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		4.1 TITLE	TS	☐ Change ☒ Addition
NAME		4.2 NAME	BOYD, EUGENE	
STREET ADDRESS		4.3 STREET ADDRESS	1604 Loves Point Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Leesburg, FL 34748	
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)(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: Martin D. Boyd MARTIN G. BOYD 1-20-95 904 787-8916

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

0462744 FP