FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 685501 (9)

1. Current Name
C.C.M.J. ENTERPRISES, INC.

Principal Place of Business
3400 E. GULF TO LAKE HWY
INVERNESS FL 34453
US

Mailing Address
3400 E. GULF TO LAKE HWY
INVERNESS FL 34453
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 59-2198921
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

CLENDENNEY, CHARLES R., JR.
3400 E. GULF TO LAKE HWY.
INVERNESS FL 34453

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 607.0502 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.) (If changing registered agent's address, registered agent must sign.) (If changing registered office address, registered agent must sign.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
31 Title	P	41 Title	☐ Change ☐ Addition
32 Name	CLENDENNEY, CHARLES R JR	42 Name	
33 Street Address	3260 E. POSSUM CT.	43 Street Address	
34 City-St-Zip	INVERNESS FL	44 City-St-Zip	
35 Title	D	45 Title	☐ Change ☐ Addition
36 Name	CLENDENNEY, CHRISTINE M.	46 Name	
37 Street Address	3260 E. POSSUM CT.	47 Street Address	
38 City-St-Zip	INVERNESS FL	48 City-St-Zip	
39 Title	D	49 Title	☐ Change ☐ Addition
40 Name	MORROW, JAMES R.	50 Name	
41 Street Address	2666 E. POSSUM CT.	51 Street Address	
42 City-St-Zip	INVERNESS FL	52 City-St-Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City-St-Zip		56 City-St-Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City-St-Zip		60 City-St-Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City-St-Zip		64 City-St-Zip	

14. I declare I certify that the information supplied with this filing is accurate 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 11 above or on an attachment with an address.

SIGNATURE: C.R. Clendenney Pres. — 5-19-95 — 904-726-0007
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0952837 CP

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APPROVED
MAY
FILED

PM 12:15

STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 687181 (8)

1. CARDINAL HOUSE CORPORATION

Principal Place of Business	Mailing Address
1050 MCNICOLL AVE UNIT 13 SCARBOROUGH ON M1W 2-8 CA	1050 MCNICOLL AVE UNIT 13 SCARBOROUGH ON M1W 2-8 CA

(Enter DATE in this SPACE)

3. Date Incorporated/Qualified in Florida: 09/10/1980
3a. Date of Last Report: 03/18/1994

21	261 DAVENPORT RD	26	261 DAVENPORT RD
22	STE 202	27	STE 202
23	TORONTO, ONTARIO	28	TORONTO ONTARIO
24	M5R 1K3	29	M5R 1K3
25	CANADA	30	CANADA

4. FEI Number: 59-2055021 (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. Does corporation own assets for corporate use valued at $1 million or more? [ ] Yes [X] No

9. Name and Address of Current Registered Agent

GELB & SPATZ
3400 S.W. 3RD AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

01 Name: VINCENT PAUL
02 Street Address (P.O. Box Number Not Acceptable): 209 PHIPPS PLAZA
03 STE 201
04 City: PALM BEACH FL 05 ZIP Code: 33480

11. Pursuant to the provisions of Section 607.1622, 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. The 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 that position under Florida Statutes.

(Signature) Vincent Paul (Date) MAY 4/95

12. OFFICER AND/OR DIRECTOR(S)	13. ADDITIONS/CHANGES TO OFFICER AND/OR DIRECTOR(S)
PD PAUL, VINCENT R. 1050 MCNICOLL AVE SCARBOROUGH ON	DIRECTOR [X] Change [ ] Addition PAUL VINCENT P. 261 DAVENPORT ROAD, STE 202 TORONTO, ONTARIO
S BRENT, PHILIP E. 1050 MCNICOLL AVE SCARBOROUGH ON	SECRETARY [X] Change [ ] Addition BRENT PHILIP E 261 DAVENPORT ROAD STE 202 TORONTO, ONTARIO
	PRESIDENT [ ] Change [X] Addition NANCY PAUL 261 DAVENPORT ROAD, STE 202 TORONTO, ONTARIO
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I/We hereby certify that the information supplied with this filing is true and accurate and does not apply for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation has filed, or is filing, its annual report or supplemental annual report, that said report complies with the requirements of Chapter 607, Florida Statutes, and that any amendment to the articles of incorporation or other document authorizing the dissolution, merger, or withdrawal of the corporation has been filed with the report, as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an address.

SIGNATURE: Vincent Paul MAY 4/95 416 91 1 9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Director

0403002 IN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

ARCHIVED AND FILED

DOCUMENT # **693771** **(8)**

1. Corporate Name
BEASLEY JEWELRY, INC.

Principal Place of Business
% JOHN BEASLEY
8065 NORTH DAVIS HWY
PENSACOLA FL 32514

Mailing Address
% JOHN BEASLEY
8065 NORTH DAVIS HWY
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/09/1981**	3a. Date of Last Report: **02/01/1994**
4. FEI Number: **59-2115380**	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. # or P.O. Box
23 City & State
24 Zip 25 County

2a. Mailing Address
26
27 Suite, Apt. # or P.O. Box
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

BEASLEY, JOHN
8065 N DAVIS HWY
PENSACOLA FL 32504

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 607.0501 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 (if applicable). I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: John H. Beasley Faith M. Beasley (If Changing Registered Agent) May 17, 1995

12. OFFICERS AND DIRECTORS

Title	DV
Name	WILLIAMS, DONALD W
Street Address	11102 CAVLIN ST.
City-State-Zip	PENSACOLA, FL 00000
Title	DP
Name	BEASLEY, JOHN
Street Address	8065 N. DAVIS HWY
City-State-Zip	PENSACOLA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-State-Zip

14. I hereby certify that the information supplied with this filing is accurate, and that this report does not qualify for the exemption listed in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in this annual report or supplemental annual report is true and correct 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 with an asterisk (*) or in an attachment with an asterisk.

SIGNATURE: John H. Beasley May 17, 1995 (904) 477-7311
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR

0369708 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

MAY 23 PM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **694693** (3)

HUNTER'S FARM EQUIPMENT, INC.

1200 SOUTH HWY. 29
CANTONMENT FL 32533
US

3781-B NOBLES ST.
PENSACOLA FL 32514
US

3. Date of Incorporation or Qualification: **07/15/1981**

3a. Date of Last Report: **04/12/1994**

4. FEI Number: **59-2106384** Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Federal Employer Identification Number (FEI) Desired: [ ] **$5.00** May Be Added to Fees

8. Does corporation have, or anticipate it will have, 5 or fewer employees in Florida? [ ] Yes [ ] No

21 22 23 24 25

26 **3535 N. Hwy 99**

27

28 **CENTURY** **FL**

29 **32535** 30 **US**

9. Name and Address of Current Registered Agent

HUNTER, LARRY D.
3781-B NOBLE ST.
PENSACOLA FL 32514

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. Officer(s) and Director(s) (Number of Officers must be at least one (1) unless otherwise provided for by Florida Statutes. If this section is not completed, at least one officer must be listed on the report.)

12.	13. Address, and Type of Change (Add, Change, Delete)
PS HUNTER, RICHARD D 3781-B NOBLE ST. PENSACOLA FL	3535 N. Hwy 99 CENTURY FL. 32535
V HUNTER, ALICE F 3781-B NOBLES ST. PENSACOLA FL	3535 N. Hwy 99 CENTURY FL. 32535

14. I hereby certify that the information supplied with this report is true, accurate, and complete as of the date of filing this report. I further certify that the information indicated on this report or supplemental attachment(s) is true and accurate and that each officer and director has consented to serve in the capacity indicated. I am aware that false information submitted in a report is punishable as a felony.

SIGNATURE: Richard D. Hunter Pres. 5-17-95 904-968-1429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard D. Hunter

0489598 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995

DOCUMENT # **696671** **(7)**

MULTILINE CLAIMS SERVICE, INC.

4700 N. STATE RD 7
BLVD. A STE. 200
FT. LAUDERDALE FL 33319
US

4700 N. STATE RD 7
STE. 220 BLDG. A
FT LAUDERDALE FL 33319
US

3. Date of Incorporation: 07/29/1981
3a. Date of Last Report: 06/07/1994

4. FEI Number: 59-2093412 — Applied For / Not Applicable

5. Certified Copy Desired — $8.75 Additional Fee Required

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

8. Designated Resident Agent is also the Registered Agent — Yes / No: X

21 4700 N. STATE RD 7 SUITE 220 BLDG A
22 BLDG A SUITE 220
23 FT. LAUD FLA
24 33319 25 US

2a. 26
27
28
29 30

9. Name and Address of Current Registered Agent

FRANCISCO, THOMAS
4700 N. STATE RD 7
STE. 220, BLDG. A
FT. LAUDERDALE FL 33319

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 Section 607.0505, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is familiar with and hereby accepts the obligations of its position as registered agent under Section 607.0505, Florida Statutes.

Thomas Francisco — 5/1/95
Signature of Chairman or Vice Chairman of the Board of Directors or Officer — Date

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
P FRANCISCO, THOMAS 4700 N. STATE RD 7, BLDG. A #220 FT. LAUDERDALE FL	☐ Change ☐ Addition
ST PEROFF, MURRAY 4700 N. STATE RD 7, BLDG A STE. #220 FT. LAUDERDALE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with the filing is complete, accurate and current as required by and pursuant to Section 607.0502, Florida Statutes. I further certify that the corporation named in the report is either in good standing under the laws of the state of its incorporation or is authorized to transact business in the State of Florida, as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an address, as an officer or director of the corporation or the agent of the corporation upon whom process may be served in Florida.

SIGNATURE: Thomas Francisco Thomas FRANCISCO 5/1/95 305-485-4502
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0227016 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

TALLAHASSEE, FLORIDA

DOCUMENT # 697493 (5)

1. Corporation Name

CHARLES R. STACK, P.A.

Principal Place of Business	Mailing Address
3929 PONCE DE LEON BLVD CORAL GABLES FL 33134	3929 PONCE DE LEON BLVD CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/01/1981	05/01/1994

4. FEI Number: 59-2174724 ☐ 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. ☐ Yes ☐ No

2. Principal Place of Business — 2a. Mailing Address

9. Name and Address of Current Registered Agent

STACK, CHARLES R, ESQ
3929 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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	DP
NAME	STACK, CHARLES R., ESQ.
STREET ADDRESS	3929 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0137019 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # 698497 (5)

1. Corporate Name
PETROLEUM LTD., INC.

APPROVED
AND
FILED

95 MAY 3 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% DAVID GOTTLIEB
2820 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
% DAVID GOTTLIEB
2820 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 08/11/1981	3a. Date of Last Report: 04/19/1994
21	26	4. FEI Number: 59-2122117	Applied For / Not Applicable
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.	5. Certificate of Status Desired	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
23	28		
Zip / County	Zip / County	8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes / No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOTTLIEB, DAVID 2820 HOLLYWOOD BLVD. HOLLYWOOD FL	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City: FL 35 Zip Code

11. Pursuant to the provisions of Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
Title	PS	Title	☐ Change ☐ Addition
Name	GOTTLIEB, DAVID	Name	
Street Address	2820 HOLLYWOOD BLVD.	Street Address	
City-State-Zip	HOLLYWOOD FL	City-State-Zip	
Title	TD	Title	☐ Change ☐ Addition
Name	GOTTLIEB, BERNIECE	Name	
Street Address	2820 HOLLYWOOD BLVD.	Street Address	
City-State-Zip	HOLLYWOOD FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this filing is absolutely 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 above or on an attachment with an address.

SIGNATURE: [signature] President 5/1/95 305 981-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080117 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # 698765 (5)

1. Current Name of Corporation
L.A.S. ENERGY CORPORATION OF FLORIDA

Principal Address
1035 S. SEMORAN BLVD., SUITE 1027
WINTER PARK FL 32792

Mailing Address
1035 S. SEMORAN BLVD., SUITE 1027
WINTER PARK FL 32792

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 08/13/1981
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 1265 S. SEMORAN BLVD.
Suite, Apt. #, etc.
22 BLDG. 4 SUITE 1250
City & State
23 WINTER PARK, FL
Zip
24 32792
County
25 U.S.A.

2a. Mailing Address
26 1265 S. SEMORAN BLVD
Suite, Apt. #, etc.
27 BLDG 4, SUITE 1250
City & State
28 WINTER PARK, FL
Zip
29 32792
Country
30 U.S.A.

4. FEI Number
59-2134802
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. Does corporation have liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SULLIVAN, LEO A.
1035 S. SEMORAN BLVD., SUITE 1027
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: SULLIVAN, LEO A.
82 Street Address (P.O. Box Number is Not Acceptable): 1265 S. SEMORAN BLVD
83 BLDG 4, SUITE 1250
84 City: WINTER PARK FL 85 Zip Code: 32792

11. Pursuant to the provisions of section 607.0501, 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 that position under Florida Statutes.

SIGNATURE: LEO A. SULLIVAN 5/1/95

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D SULLIVAN, LEO A. 1035 S. SEMORAN BLVD. WINTER PARK FL	☐ Change ☐ Addition 1265 S. SEMORAN BLVD (STE 1250) WINTER PARK, FL 32792
D SULLIVAN, LEO A 1035 S SEMORAN BLVD, #1027 WINTER PARK FL	☐ Change ☐ Addition 1265 S. SEMORAN BLVD. (STE 1250) WINTER PARK, FL 32792
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, and that, for the reinstatement required by section 607.1421, Florida Statutes, I am familiar with and accept the obligations of that position under Florida Statutes. I further certify that the corporation has complied with all applicable requirements for reinstatement.

SIGNATURE: LEO A. SULLIVAN 5/1/95 (407) 678-2600
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0047024 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **700946** **(7)**

1. Corporate Name

BAYVISTA CHURCH OF CHRIST INC

Principal Place of Business	Mailing Address
5460 7TH STREET SOUTH ST PETERSBURG FL 33705	5460 7TH STREET SOUTH ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1960	3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-2382217	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
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	10. Name and Address of New Registered Agent
WARNOCK, FRED D. 5460 7TH ST. S. 853 69TH AVE. S. ST. PETERSBURG FL 33705	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 _____ (Signature of person(s) authorized to sign on behalf of registered agent and the corporation) (NOTE: Registered Agent's signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	WARNOCK, FRED D.	12 NAME	
STREET ADDRESS	5460 7TH ST. S.	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	DUREN, L.W.	22 NAME	
STREET ADDRESS	142 - 58TH AVE SOUTH	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ALAN B.	32 NAME	
STREET ADDRESS	175 - 56TH AVE SOUTH	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☑ Change ☐ Addition
NAME	DUREN, DAVID	42 NAME	TD DAVID DUREN
STREET ADDRESS	5460 7TH ST. S.	43 STREET ADDRESS	4019 - 27TH AVE. N.
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	ST. PETERSBURG, FL. 33713
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LATELERS, MILTON C., SR.	52 NAME	
STREET ADDRESS	1209 ALCAZAR WAY S	53 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP	
TITLE	~~D~~	61 TITLE	☑ Change ☐ Addition
NAME	~~MARTIN, JAMES~~	62 NAME	DELETE JAMES MARTIN
STREET ADDRESS	~~1001 TUNA DR C~~	63 STREET ADDRESS	AS DIRECTOR.
CITY ST ZIP	~~ST. PETERSBURG FL~~	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred D. Warnock 5-16-95 (813)866-0300
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRED D. WARNOCK

0095682

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
TALLAHASSEE, FLORIDA

DOCUMENT # 709369 (3)

REEVES MEMORIAL UNITED METHODIST CHURCH OF ORLANDO, INC.

Principal Place of Business	Mailing Address
ORLANDO INC 1100 N FERN CREEK AVE ORLANDO FL 32803-2628	ORLANDO INC 1100 N FERN CREEK AVE ORLANDO FL 32803-2628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1965
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-6143948 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROTHELL, JEAN
1722 WELTIN STREET
ORLANDO FL 32803

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: _____ (Required: Typed or printed name of registered agent and the date below) (NEW Registered Agent signature required when applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROTHELL, JEAN	12 NAME	
STREET ADDRESS	1722 WELTIN STREET	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32803	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SELF, JUDY	22 NAME	
STREET ADDRESS	1305 BELGRADE	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, RUBY	32 NAME	
STREET ADDRESS	1416 ZENITH PLACE	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, DON	42 NAME	
STREET ADDRESS	2613 E. CHURCH STREET	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32803-6302	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, EARL	52 NAME	
STREET ADDRESS	1416 ZENITH PLACE	53 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32808-7348	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FYLER, CAL	62 NAME	
STREET ADDRESS	1625 FLAMINGO DRIVE	63 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32803-1908	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Rothell
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR

5/17/95 (Date) (407) 896-2734 (Daytime Phone #)

0004203

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **711047** (1)

THE LAYTON VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
1030 OVERSEAS HWY .MM68 1/2 P.O.BOX 624 LONG KEY FL 33001	1030 OVERSEAS HWY .MM68 1/2 P.O.BOX 624 LONG KEY FL 33001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1966**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2336398** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes* ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

FLETCHER, WAYNE L.
65821 US HWY #1
LAYTON FL 33001

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 Wayne L. Fletcher 5.15.95
(Signature of new registered agent, if changed) (Name of new registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	PRES. ☑ Change ☐ Addition
NAME	WUERSTLIN, MARTIN	2 NAME	MACLAREN, CHARLES
STREET ADDRESS	127 S LAYTON DR.	3 STREET ADDRESS	122 LAYTON DRIVE
CITY-ST-ZIP	LAYTON FL	4 CITY-ST-ZIP	LAYTON, FL 33001
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, TERESA	22 NAME	
STREET ADDRESS	LOT 368 OUTDOOR RESORTS	23 STREET ADDRESS	
CITY-ST-ZIP	LONG KEY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HARING, MICHAEL	32 NAME	
STREET ADDRESS	OSH LAYTON	33 STREET ADDRESS	
CITY-ST-ZIP	LAYTON FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	VICE PRES. ☑ Change ☐ Addition
NAME	MACLAREN, CHARLES	42 NAME	HARVEY HALLMAN
STREET ADDRESS	122 LAYTON DRIVE	43 STREET ADDRESS	RT 2 BOX 180 #A
CITY-ST-ZIP	LAYTON FL	44 CITY-ST-ZIP	BIG PINE KEY, FL 33050
TITLE	D	51 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	MASIKO, PETER	52 NAME	HARING, RITA
STREET ADDRESS	1070 OVERSEAS HWY	53 STREET ADDRESS	OSH LAYTON
CITY-ST-ZIP	LONG KEY FL	54 CITY-ST-ZIP	LAYTON, FL 33001
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teresa L. Fletcher TERESA L. FLETCHER 5.15.95 664-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074028

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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

DOCUMENT # **711558** **(7)**

1. Corporation Name

THE ITALIAN-AMERICAN SOCIAL CLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
5900 HIBISCUS RD P.O.BOX 574111 ORLANDO FL 32857	5900 HIBISCUS RD P.O.BOX 574111 ORLANDO FL 32857

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1966
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-6192587 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

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

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
GIORDANO, CHET 718 GLEN EAGLE DRIVE WINTER SPRINGS FL 32708	81 Name: FRANK IANNUZZI 82 Street Address (P.O. Box Number is Not Acceptable): 1110 ALFRED DRIVE 83 84 City: ORLANDO FL 85 Zip Code: 32810

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: [signature] 4/10/95
(Signature of President, Vice President or Chairman of the Board of Directors) (Date)
(Signature of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	PRES. ☑ Change ☐ Addition
12 NAME	GIORDANO, CHET	12 NAME	FRANK IANNUZZI
13 STREET ADDRESS	718 GLEN EAGLE DRIVE	13 STREET ADDRESS	1110 - ALFRED DR.
14 CITY ST ZIP	WINTER SPRINGS FL	14 CITY ST ZIP	ORLANDO FL 32810
21 TITLE	T	21 TITLE	TREAS. ☑ Change ☐ Addition
22 NAME	DIMARINO, ANTHONY	22 NAME	NICHOLAS A. DIOMEDE
23 STREET ADDRESS	5352 CYPRESS DRIVE	23 STREET ADDRESS	3917 - VALENCIA GARDEN LN
24 CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	ORLANDO FL 32817
31 TITLE	S	31 TITLE	SECRETARY. ☐ Change ☐ Addition
32 NAME	BOVE, RALPH	32 NAME	
33 STREET ADDRESS	3142 DREYFUSHIRE RD	33 STREET ADDRESS	
34 CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	BADOLATO, GENE	42 NAME	
43 STREET ADDRESS	1694 WINGSPAN WAY	43 STREET ADDRESS	
44 CITY ST ZIP	WINTER SPRINGS FL	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	LOMBARDI, ANTHONY	52 NAME	
53 STREET ADDRESS	1808 FAIRVIEW SHORES DRIVE	53 STREET ADDRESS	
54 CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
61 TITLE	D	61 TITLE	☐ Change ☐ Addition
62 NAME	PALUMBO, CARMEN	62 NAME	
63 STREET ADDRESS	2040 AMBERGRIS DRIVE	63 STREET ADDRESS	
64 CITY ST ZIP	ORLANDO FL 32822	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] - Mgr. 4/10/95 657-0515
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Daytime Phone #)
NICHOLAS A. DIOMEDE

0034876

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712320** **(1)**

1. Corporation Name

DELRAY BEACH POLICE BENEVOLENT ASSOCIATION, INC. OF DELRAY BEACH, FLORIDA

Principal Place of Business	Mailing Address
P.O. DRAWER 1840 DELRAY BEACH FL 33447-1840	P.O. DRAWER 1840 DELRAY BEACH FL 33447-1840

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1967
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-6196019 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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

LEDBETTER, DAVID C
760 NW 7TH ST.
DELRAY BEACH FL 33444

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 _____ (Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ENNIS, HOWARD E.	12 NAME	
STREET ADDRESS	15 NW 25TH CT	13 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	RICCOBONO, GENNARO	22 NAME	KLENK, JOSEPH M.
STREET ADDRESS	1144 SUMMERWOOD CIRCLE	23 STREET ADDRESS	2710 SW 4 St
CITY ST ZIP	WELLINGTON FL 33414	24 CITY ST ZIP	Boynton Bch FL 33435
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	KEENK, JOSEPH M	32 NAME	Roper, Priscilla
STREET ADDRESS	2710 SW 4TH ST	33 STREET ADDRESS	1119 SW 24 AV.
CITY ST ZIP	BOYNTON BCH FL	34 CITY ST ZIP	Boynton Bch FL 33426
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SETTELEN, SHERRY LYNN	42 NAME	
STREET ADDRESS	4963 BONANZA RD.	43 STREET ADDRESS	
CITY ST ZIP	LAKE WORTH FL 33466	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEDBETTER, DAVID C	52 NAME	
STREET ADDRESS	760 NW 7TH ST.	53 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry L Settelen - Director 5/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

407 243-7800
Daytime Phone Number
Digital Paper 407 387-1839

0050560

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **713739** **(1)**

1. Corporate Name

HOUSE OF PRAYER OF JESUS CHRIST OF THE APOSTOLIC FAITH, INC.

Principal Place of Business	Mailing Address
8650 N.W. 22ND AVENUE MIAMI FL 33147 US	2371 NW 87TH ST MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1967**

3a. Date of Last Report: **01/21/1994**

4. FEI Number: **23-7346152** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) (29) County (25) (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contributions ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZYNE, PHILIP M
1 S.E. 3 AVE., SUITE 2150
MIAMI FL 33131

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

(Signature of president or vice president of corporation named above) (If 10, Registered Agent's signature required above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
11 TITLE	DP	11 TITLE	☐ Change ☐ Addition
12 NAME	GILCREASE, MAE OLA	12 NAME	
13 STREET ADDRESS	2371 NW 87TH ST.	13 STREET ADDRESS	
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
21 TITLE	~~D~~	21 TITLE	DIRECTOR ☐ Change ☒ Addition
22 NAME	~~SHEFFALL, JANNIE R.~~	22 NAME	LIZZIE HALLMAN
23 STREET ADDRESS	~~9915 NW 195TH ST.~~	23 STREET ADDRESS	15935 NW. 27 PL.
24 CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	MIAMI, FL. 33054
31 TITLE	~~D~~	31 TITLE	DIRECTOR ☐ Change ☒ Addition
32 NAME	~~BURDEN, EVELYN~~	32 NAME	WILLIE CLARKE, JR.
33 STREET ADDRESS	~~1942 NW 4TH AVE. CIR. W.~~	33 STREET ADDRESS	18947 N.E. 1 PL.
34 CITY ST ZIP	~~MIAMI FL~~	34 CITY ST ZIP	MIAMI, FL. 33179
41 TITLE	~~D~~	41 TITLE	☐ Change ☐ Addition
42 NAME	~~ROBINSON, LILLIE M.~~	42 NAME	
43 STREET ADDRESS	~~1401 NW 103RD ST. 142~~	43 STREET ADDRESS	
44 CITY ST ZIP	~~MIAMI FL~~	44 CITY ST ZIP	
51 TITLE	TD	51 TITLE	☐ Change ☐ Addition
52 NAME	BUTLER, EVELYN	52 NAME	
53 STREET ADDRESS	2521 NW 165 TERRACE	53 STREET ADDRESS	
54 CITY ST ZIP	OPA LOCKA FL	54 CITY ST ZIP	
61 TITLE	~~SD~~	61 TITLE	VP/S/D ☒ Change ☐ Addition
62 NAME	~~ASH, VERONICA~~	62 NAME	BENNETT, VERONICA
63 STREET ADDRESS	2605 NW 135 ST #106	63 STREET ADDRESS	1421 N.W. 103 ST., #152
64 CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	MIAMI, FL. 33147

14. I do hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mae Ola Gilcrease 5/2/95 (305) 836-8195

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN (Date) (Daytime Phone #)

MAE OLA GILCREASE, PRES.

0000237

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

MAY 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713834 (0)

1. Current Name

LAFFERTY FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1730 SE 11 ST. FT LAUDERDALE FL 33316	1730 SE 11 ST FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1967**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-6199488** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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
LAFFERTY, JOAN D 1730 SE 11 ST. FT LAUDERDALE FL 33316	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: (Signature of [name of] current registered agent required.) (81) (Registered Agent signature required when name changes.) (84)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LAFFERTY, MABEL G	12 NAME	
STREET ADDRESS	1700 NE 105 STREET	13 STREET ADDRESS	
CITY ST ZIP	MIAMI SHORES, FL 00000	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LAFFERTY, JR ROBERT S	22 NAME	
STREET ADDRESS	1730 SE 11 ST.	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LAFFERTY,JOAN D	32 NAME	
STREET ADDRESS	1730 SE 11 ST.	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Joan D. Lafferty Joan D. Lafferty 5/17/95 305-766-9916
(SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0048544

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

'95 MAY 10 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716516 (0)

MIAMI CHURCH OF RELIGIOUS SCIENCE, INC.

Principal Place of Business	Mailing Address
8905 SW 87 AVE 2ND FLOOR MIAMI FL ~~33155~~ 33176	~~9140 MILLER ROAD~~ MIAMI FL ~~33155~~ US 33176 8905 SW 87 AV 2nd Floor

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1969	3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-0816151	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 8905 SW 87 AV	26 8905 SW 87 AV
Suite, Apt. #, etc. 22 2nd Floor	Suite, Apt. #, etc. 27 2nd Floor
City & State 23 Miami, FL.	City & State 28 Miami, FL.
ZIP 24 33176 County 25 USA	ZIP 29 33176 County 30 USA

9. Name and Address of Current Registered Agent

WELSH, REVEREND D E.
~~11353 SW 87 TER.~~
MIAMI FL ~~33173~~

10. Name and Address of New Registered Agent

81 Name: REV. DON E. WELSH
82 Street Address (P.O. Box Number is Not Acceptable): 10102 NW 52 TER
83
84 City: MIAMI FL 85 Zip Code: 33178

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: REV. DON E. WELSH Don Welsh 5-5-95
(Typed or Printed Name of Individual) (New Registered Agent's Signature, Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	P/D ☑ Change ☑ Addition
NAME	STEVE LIEBOWITZ	12 NAME	GAYLE BERGER
STREET ADDRESS	7510 SW 88 PL	13 STREET ADDRESS	13821 SW 84TH ST.
CITY-ST-ZIP	MIAMI FL 33173	14 CITY-ST-ZIP	MIAMI, FL. 33183
TITLE	S/D	21 TITLE	V/D ☑ Change ☑ Addition
NAME	HINDERAKER,NORMA	22 NAME	BOB LARSON
STREET ADDRESS	8141 SW 62 CT.	23 STREET ADDRESS	6831 SW 64 TER.
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL. 33143
TITLE	T/D	31 TITLE	T/D ☐ Change ☐ Addition
NAME	JOHN MULKEY	32 NAME	Same (John Mulkey)
STREET ADDRESS	11000 SW 43 LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	34 CITY-ST-ZIP	
TITLE	D/M	41 TITLE	D/M ☑ Change ☐ Addition
NAME	DONALD E. WEISH	42 NAME	DON E. WELSH
STREET ADDRESS	11353 SW 87 TER	43 STREET ADDRESS	10102 NW 52 TER.
CITY-ST-ZIP	MIAMI FL 33173	44 CITY-ST-ZIP	MIAMI FL 33178
TITLE		51 TITLE	S/S ☐ Change ☑ Addition
NAME		52 NAME	JAN STURGIS
STREET ADDRESS		53 STREET ADDRESS	9321 SW 165 ST.
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI, FL. 33157
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Don Welsh REV. DON E WELSH 5-5-95 (305)274-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045183

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

MAY 25 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717306 (5)

MIAMI SHORES BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
370 GRAND CONCOURSE MIAMI SHORES FL 33138	370 GRAND CONCOURSE MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1969	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-0700565	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

MADSEN, PAUL A.
6250 MOULTRIE PLACE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name: Lane Jones
82 Street Address (P.O. Box Number is Not Acceptable): 714 N. E. 118 St.
83
84 City: Miami **FL** 85 Zip Code: 33161

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: _____ Lane Jones, President 4/25/95
(Registered Agent signature required when required) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DODDS, BENJAMIN G
STREET ADDRESS	380 NE 117 ST
CITY ST ZIP	MIAMI FL
TITLE	S
NAME	MILLAR, GEORGE C.
STREET ADDRESS	11855 W BISCAYNE CANAL RD
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	JONES, STEVE
STREET ADDRESS	1060 N.E. 92 ST.
CITY ST ZIP	MIAMI FL
TITLE	P
NAME	MADSEN, PAUL A
STREET ADDRESS	6250 MOULTRIE PL
CITY ST ZIP	MIAMI LAKES FL
TITLE	D
NAME	KEEN, JAMES
STREET ADDRESS	400 NE 100 STREET
CITY ST ZIP	MIAMI SHORES FL
TITLE	V
NAME	JONES, LANE
STREET ADDRESS	714 NE 118TH ST
CITY ST ZIP	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	☒ Change	☐ Addition
12 NAME	WILLIX, Bruce		
13 STREET ADDRESS	12845 N. W. 1 Ave.		
14 CITY ST ZIP	Miami, Fl. 33168		
21 TITLE	V	☒ Change	☐ Addition
22 NAME	MILLAR, George C.		
23 STREET ADDRESS	11855 W. Biscayne Canal Rd.		
24 CITY ST ZIP	Miami, Fl. 33161		
31 TITLE	D	☒ Change	☐ Addition
32 NAME	JENKINS, Wayne		
33 STREET ADDRESS	2918 Helsinki Cr.		
34 CITY ST ZIP	Cooper City, Fl. 33016		
41 TITLE	D	☒ Change	☐ Addition
42 NAME	MADSEN, Paul A.		
43 STREET ADDRESS	6250 Moultrie Pl.		
44 CITY ST ZIP	Miami Lakes, Fl. 33014		
51 TITLE	D	☒ Change	☐ Addition
52 NAME	MITCHELL, Anthony		
53 STREET ADDRESS	135 N. E. 86 St., Miami, Fl. 33138		
54 CITY ST ZIP			
61 TITLE	P	☒ Change	☐ Addition
62 NAME	JONES, Lane		
63 STREET ADDRESS	714 N. E. 118 St.		
64 CITY ST ZIP	Miami, Fl. 33161		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: _____ Lane Jones 4/25/95 305-758-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041879