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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:30

DOCUMENT # **F27417** **(7)**

1. Corporation Name
GULF AMERICAN FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2013 LIVE OAK BLVD. ST. CLOUD FL 34771 US	2013 LIVE OAK BLVD. ST. CLOUD FL 34771 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1981
3a. Date of Last Report: 06/24/1994

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

4. FEI Number: 59-2078920 ☐ 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

THARPE, BILL
2013 LIVE OAK BLVD.
SUITE 100
ST. CLOUD FL 34771

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GENTILE, TONY	12 NAME		
STREET ADDRESS	2013 LIVE OAK BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP		
TITLE	DC	21 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JAMES B.	22 NAME		
STREET ADDRESS	2013 LIVE OAK BLD.	23 STREET ADDRESS		
CITY-ST-ZIP	ST.CLOUD FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ELAM, PHYLLIS	32 NAME		
STREET ADDRESS	2013 LIVE OAK BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	ST.CLOUD FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	VP	☒ Change ☐ Addition
NAME	THARPE, BILL	42 NAME	Tharpe, Bill	
STREET ADDRESS	2013 LIVE OAK BLVD.	43 STREET ADDRESS	2013 Live Oak Blvd.	
CITY-ST-ZIP	ST. CLOUD FL	44 CITY-ST-ZIP	St. Cloud, FL	
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)(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: Phyllis A Elam 6/9/95 407/892-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Phyllis A. Elam

0577643 CP

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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JUN 20 PM 3

DOCUMENT # **F29059** **(5)**

1. Corporation Name
FAMILY INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
6750 STIRLING RD HOLLYWOOD FL 33024	6750 STIRLING RD HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1981	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2083376	☐ 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 18463 Pines Boulevard	26 18463 Pines Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pembroke Pines, Fl	28 City & State: Pembroke Pines
24 Zip: 33029 25 Country: Brwd	29 Zip: 33029 30 Country: Brwd

9. Name and Address of Current Registered Agent

MARINO, BRAIN T.
10701 PARIS ST
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name: Berger & Davis
82 Street Address (P.O. Box Number is Not Acceptable): 100 NE. 3rd AVE Suite 400
83
84 City: Ft. Laud FL 85 Zip Code: 33301

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: Leonard K. Samuels, Esq. (Signature required when mandatory) DATE: 6.14.95
(signature, typed or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMVD	11 TITLE	☐ Change ☐ Addition
NAME	MARINO, BRIAN T.	12 NAME	
STREET ADDRESS	10701 PARIS ST	13 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		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)(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: Brian T. Marino, 6.14.95 305.431.1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068581 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # **F31620** **(0)**

1. Corporation Name

ORANGE STATE PROPERTY SERVICES, INC.

Principal Place of Business	Mailing Address
201 JOEL BLVD 201 E. JOEL BLVD. LEHIGH ACRES FL 33936-5229 US	201 JOEL BLVD 201 E. JOEL BLVD. LEHIGH ACRES FL 33936-5229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1981	3a. Date of Last Report: 04/26/1994
2. Principal Place of Business — 21: 259 E. Joel Boulevard	2a. Mailing Address — 26: 259 E. Joel Boulevard
Suite, Apt #, etc. — 22:	Suite, Apt #, etc. — 27:
City & State — 23: Lehigh, FL	City & State — 28: Lehigh, FL
Zip — 24: 33936 / County — 25: Lee	Zip — 29: 33936 / County — 30: Lee
4. FEI Number: 59-2104132	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX	$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

FORTANA, JAMES G.
201 EAST JOEL BVLD.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: Abbie B. Dubin
82 Street Address (P.O. Box Number is Not Acceptable): 259 E. Joel Boulevard
83:
84 City: Lehigh **FL** 85 Zip Code: 33936

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: _____ 6/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WHYTE, W. DON	12 NAME	J. Michael Morgan	
STREET ADDRESS	201 E. JOEL BLVD	13 STREET ADDRESS	259 E. Joel Boulevard	
CITY ST ZIP	LEHIGH ACRES FL	14 CITY ST ZIP	Lehigh, FL 33936	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	JAMES G. FORTANA	22 NAME	Abbie B. Dubin	
STREET ADDRESS	201 E. JOEL BLVD.	23 STREET ADDRESS	259 E. Joel Boulevard	
CITY ST ZIP	LEHIGH ACRES FL	24 CITY ST ZIP	Lehigh, FL 33936	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	WILLIAM I. LIVINGSTON	32 NAME	DELETE	
STREET ADDRESS	201 E. JOEL BLVD.	33 STREET ADDRESS		
CITY ST ZIP	LEHIGH ACRES, FL841	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	HOLQUIST, LAURA A.	42 NAME	DELETE	
STREET ADDRESS	201 E. JOEL BLVD	43 STREET ADDRESS		
CITY ST ZIP	LEHIGH ACRES FL	44 CITY ST ZIP		
TITLE	VS	51 TITLE	VS	☒ Change ☐ Addition
NAME	ALLISON, JANET	52 NAME	Abbie B. Dubin	
STREET ADDRESS	201 E. JOEL BLVD	53 STREET ADDRESS	259 E. Joel Boulevard	
CITY ST ZIP	LEHIGH FL	54 CITY ST ZIP	Lehigh, FL 33936	
TITLE	T	61 TITLE	T	☒ Change ☐ Addition
NAME	JOHN A. NATIELLO	62 NAME	Abbie B. Dubin	
STREET ADDRESS	201 E JOEL BLVD.	63 STREET ADDRESS	259 E. Joel Boulevard	
CITY ST ZIP	LEHIGH ACRES FL	64 CITY ST ZIP	Lehigh, FL 33936	

CR2E034 (3/95)

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: _____ 6/13/95 R.S. 2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Director Phone #

0181868 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

FILED
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DIVISION OF CORPORATIONS
95 JUN 26 AM 8:26

DOCUMENT # F31756 (2)

1. Corporation Name

LUTHER LUCK, O.D. AND DAVID RUBIN, O.D., P.A.

Principal Place of Business	Mailing Address
107 SHAMROCK BOULEVARD VENICE FL 34293	107 SHAMROCK BOULEVARD VENICE FL 34293

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1981
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 59-2053644 ☐ 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

LUCK, LUTHER, O.D.
107 SHAMROCK BLVD.
VENICE FL 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	LUCK, LUTHER	12 NAME	
STREET ADDRESS	107 SHAMROCK BLVD.	13 STREET ADDRESS	
CITY ST ZIP	VENICE FL	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	RUBIN, DAVID	22 NAME	
STREET ADDRESS	107 SHAMROCK BLVD.	23 STREET ADDRESS	
CITY ST ZIP	VENICE 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)(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] OD — 6/15/95 — 813-493-3763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0346642 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:40

DOCUMENT # **F33584** **(6)**

1. Corporation Name
HAMLET REALTY AND DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
13914 MEADOW PARK LANE FT MYERS FL 33901 US	13914 MEADOW PARK LANE FT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2109378 ☐ 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. 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

MALT, DAVID G.
1601 RED CEDAR DR.
FORT MYERS, FL FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1391-4 Meadow Park Lane
83
84 City: Fort Myers, FL — FL — 85 Zip Code: 33901

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☒ Change ☐ Addition
NAME	MALT, ROBERT C	12 NAME	
STREET ADDRESS	565 KIRK RD	13 STREET ADDRESS	600 Roseland Drive
CITY-ST-ZIP	PALM SPRINGS, FL 00000	14 CITY-ST-ZIP	West Palm Beach FL
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	MALT, DAVID G	22 NAME	
STREET ADDRESS	1601 RED CEDAR DR.	23 STREET ADDRESS	1391-4 Meadow Park Lane
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	Fort Myers, FL 33901
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	

CR2E034 (3/95)

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: _____ DAVID G. MALT 6-15-95 813-936-6724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160290 FP