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 MAR 28 PM 6:00

DOCUMENT # F93000002894 (4)

1. Corporation Name
BOB ROSS INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 946 STERLING VA 20167	POST OFFICE BOX 946 STERLING VA 20167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business (21): Suite Apt # etc (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite Apt # etc (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 54-1304271 ☐ 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

9. Name and Address of Current Registered Agent

KOWALSKI, ANNETTE H
757 E. 3RD AVE.
NEW SMYRNA BEACH FL 32169

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: Annette H Kowalski Annette Kowalski 3-21-95
(Appointed Registered Agent - type or print name) (Registered Agent - type or print name) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	ROSS, ROBERT N	12 NAME	
STREET ADDRESS	4220 GREENFERN DR.	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32810	14 CITY ST ZIP	
TITLE	DVCS	21 TITLE	☐ Change ☐ Addition
NAME	KOWALSKI, WALTER J	22 NAME	
STREET ADDRESS	2713 CALKINS RD.	23 STREET ADDRESS	
CITY ST ZIP	HERNDON VA 22071	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	KOWALSKI, WALTER J	32 NAME	
STREET ADDRESS	2713 CALKINS RD.	33 STREET ADDRESS	
CITY ST ZIP	HERNDON VA 22071	34 CITY ST ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	KOWALSKI, ANNETTE H	42 NAME	
STREET ADDRESS	757 E. 3RD AVE.	43 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BEACH FL 32169	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: Walter Kowalski Walter Kowalski 3-21-95 708-808-7200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0485618 EN

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CORPORATION ANNUAL REPORT **1995**

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95 MAR 28 PM 4:04

DOCUMENT # **F93000003304 (3)**

1. Corporation Name
KEENAN AUTO PARTS COMPANY

Principal Place of Business	Mailing Address
2635 MILLBROOK ROAD RALEIGH NC 27604	2635 MILLBROOK ROAD RALEIGH NC 27604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993	3a. Date of Last Report: 01/26/1994
4. FEI Number: 56-0663185	☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SLOAN, O. TEMPLE JR.	12 NAME	
STREET ADDRESS	2635 MILLBROOK ROAD	13 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC 27611	14 CITY ST ZIP	
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	SLOAN, O. TEMPLE	22 NAME	
STREET ADDRESS	2635 MILLBROOK ROAD	23 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC 27611	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	OWEN, N. JOE	32 NAME	
STREET ADDRESS	2635 MILLBROOK ROAD	33 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC 27611	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	WHITEHURST, EDWARD J	42 NAME	
STREET ADDRESS	2635 MILLBROOK ROAD	43 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC 27611	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	KOTCHER, FREDERIC S	52 NAME	
STREET ADDRESS	2635 MILLBROOK ROAD	53 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC 27611	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CARSON, R D	62 NAME	
STREET ADDRESS	2635 MILLBROOK ROAD	63 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC 27611	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 added on an attachment with an addition.

SIGNATURE: _____ 3/15/95 – (919) 876-6171 x169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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DIVISION OF CORPORATIONS

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95 MAR 28 PM 4:09

DOCUMENT # **F93000003394 (4)**

1. Corporation Name
INTERNATIONAL TELEMANAGEMENT GROUP,INC.

Principal Place of Business	Mailing Address
206 E. MARKET ST. LIMA OH 45801	206 E. MARKET ST. LIMA OH 45801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/23/1993**
3a. Date of Last Report: **05/01/1994**

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: **34-1729356** ☐ 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

SIMPSON, LARRY D ESQUIRE
1102 N. GADSDEN ST.
TALLAHASSEE FL 32303

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 of New Registered Agent, if changed) (Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NOLTE, STANLEY M	12 NAME	
STREET ADDRESS	206 E. MARKET ST.	13 STREET ADDRESS	
CITY ST ZIP	LIMA OH 45801	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	GODBOUT, WAYNE J	22 NAME	NONE
STREET ADDRESS	206 E. MARKET ST.	23 STREET ADDRESS	
CITY ST ZIP	LIMA OH 45801	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BERTKE, LOIS J	32 NAME	
STREET ADDRESS	206 E. MARKET ST.	33 STREET ADDRESS	
CITY ST ZIP	LIMA OH 45801	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	NOLTE, KAY E	42 NAME	
STREET ADDRESS	206 E. MARKET ST.	43 STREET ADDRESS	
CITY ST ZIP	LIMA OH 45801	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 changed, added or deleted with an address.

SIGNATURE: _____ 3/30/95 (Date) 419-226-8158 (Daytime Phone #)
DIGITAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION ANNUAL REPORT **1995**

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95 MAR 28 PM 4:12

DOCUMENT # **F93000003534 (5)**

1. Corporation Name

CADY BAG COMPANY, INC.

Principal Place of Business	Mailing Address
1 OLD DOUGLAS-PEARSON HIGHWAY PEARSON GA 31642 US	PO BOX 68 PEARSON GA 31642 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/03/1993**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: **58-2059164** ☐ 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

SANDERS, DELORES
4008 W ALVA
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	WALKER, WANDA C	12 NAME		
STREET ADDRESS	509 NORTH KING ST	13 STREET ADDRESS		
CITY ST ZIP	PERARSON GA	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	WALKER, CONNIE D	22 NAME		
STREET ADDRESS	509 NORTH KING ST	23 STREET ADDRESS		
CITY ST ZIP	PERARSON GA	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MCCRANIE, KAREN T	32 NAME		
STREET ADDRESS	509 NORTH KING ST	33 STREET ADDRESS		
CITY ST ZIP	PEARSON GA	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: Connie Walker
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR TRUSTEE — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS
95 MAR 28 PM 4:12

DOCUMENT # **F93000003607 (9)**

1. Corporation Name
FIDELITY FINANCIAL GROUP OF ALABAMA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 878 FOLEY AL 36536	POST OFFICE BOX 878 FOLEY AL 36536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 03/18/1994

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: 63-0952281 ☐ 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

MCCORKINDALE, MYRTLE W
4850 HURON DR.
PENSACOLA FL 32507

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 changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, DEWEY E	12 NAME	
STREET ADDRESS	105 W. BERRY AVE.	13 STREET ADDRESS	
CITY ST ZIP	FOLEY AL 36536	14 CITY ST ZIP	
TITLE	DVC	21 TITLE	☐ Change ☐ Addition
NAME	MCCORKINDALE, ROBERT H	22 NAME	
STREET ADDRESS	105 W. BERRY AVE.	23 STREET ADDRESS	
CITY ST ZIP	FOLEY AL 36536	24 CITY ST ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	HOLT, KAREN L	32 NAME	
STREET ADDRESS	105 W. BERRY AVE.	33 STREET ADDRESS	
CITY ST ZIP	FOLEY AL 36536	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	FELL, MARY E	42 NAME	
STREET ADDRESS	105 W. BERRY AVE.	43 STREET ADDRESS	
CITY ST ZIP	FOLEY AL 36536	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: Dewey E. White DEWEY E. WHITE 3/27/95 334/943-7640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
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95 MAR 28 PM 5:29

DOCUMENT # F93000004551 (8)

1. Corporation Name
STUBER-HUBER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
406 AMELIE DR. JEFFERSONVILLE IN 47130	406 AMELIE DR. JEFFERSONVILLE IN 47130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/06/1993	04/19/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 35-1891221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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) (DATE) (Required) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HUBER, TRACY G	12 NAME	
STREET ADDRESS	9615 HWY. 60	13 STREET ADDRESS	
CITY ST ZIP	SELLERSBURG IN 47172	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HUBER, DEAN L	22 NAME	
STREET ADDRESS	9615 HWY. 60	23 STREET ADDRESS	
CITY ST ZIP	SELLERSBURG IN 47172	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	STUBER, JOSEPH F	32 NAME	
STREET ADDRESS	406 AMELIE DR.	33 STREET ADDRESS	
CITY ST ZIP	JEFFERSONVILLE IN 47130	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HUBER, KELLY A	42 NAME	
STREET ADDRESS	406 AMELIE DR.	43 STREET ADDRESS	
CITY ST ZIP	JEFFERSONVILLE IN 47130	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: Joseph F. Stuber — Joseph F. Stuber — 3/22/95 — 812-283-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 ... 20 PM 4:18

DOCUMENT # F93000005314 (0)

1. Corporation Name
GC GOLF, INC.

Principal Place of Business
19500 HALL ROAD
CLINTON TOWNSHIP MI 48038-1477

Mailing Address
19500 HALL ROAD
CLINTON TOWNSHIP MI 48038-1477

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 08/17/1994
4. FEI Number: 38-3153173 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOLL, JOHN A
STREET ADDRESS	19500 HALL ROAD
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48038-1477
TITLE	DST
NAME	MCKAY, MICHAEL J
STREET ADDRESS	19500 HALL ROAD
CITY-ST-ZIP	CLINTON TOWNSHIP MI 48038-1477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Michael J. McKay 3/13/95 810 286 3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 MAR 28 PM 4:19

DOCUMENT # F93000005395 (9)

1. Corporation Name
ONE NUMBER INFORMATION SYSTEMS OF FLORIDA, INC.

Principal Place of Business
C/O ONE NUMBER INFORMATION SYSTEMS, INC.
204 RIVERS BEND BOULEVARD
CHESTER VA 23831

Mailing Address
C/O ONE NUMBER INFORMATION SYSTEMS, INC.
204 RIVERS BEND BOULEVARD
CHESTER VA 23831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 54-1688266 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 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	1 1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, PHILIP SR	1 2 NAME	
STREET ADDRESS	6103 WALNUT LANDING WAY	1 3 STREET ADDRESS	
CITY ST ZIP	CHESTER VA 23831	1 4 CITY ST ZIP	
TITLE	VSTD	2 1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ROBBIE S	2 2 NAME	
STREET ADDRESS	6103 WALNUT LANDING WAY	2 3 STREET ADDRESS	
CITY ST ZIP	CHESTER VA 23831	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robbie S. Thompson, Robbie S. Thompson 3-23-95 (804) 530-1600
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:31

DOCUMENT # F93000005750 (5)

1. Corporation Name

BEST BUDDIES SUPPORTING CORPORATION, INC.

Principal Place of Business	Mailing Address
SUITE 1990 100 S.E. 2ND STREET MIAMI FL 33131	SUITE 1990 100 S.E. 2ND STREET MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993	3a. Date of Last Report: 03/11/1994
4. FEI Number: 52-1772267	☐ 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

SHRIVER, ANTHONY K
SUITE 1990
100 S.E. 2ND STREET
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 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	P	11 TITLE	☐ Change ☐ Addition
NAME	SHRIVER, ANTHONY K	12 NAME	
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 1990	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BLANK, BRAD	22 NAME	
STREET ADDRESS	ONE WINTHROP SQUARE, 1ST FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KLINGMAN, GERARD	32 NAME	
STREET ADDRESS	HEARST AGENCY, THE CHRYSLER BLDG., 24TH FL	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10174	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 on an attached report with an address.

SIGNATURE: _____ 3/21/95 (305) 374-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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DIVISION OF CORPORATIONS
95 MAR 29 PM 3:55

DOCUMENT # **F93000005808 (1)**

1. Corporation Name

PORTOBELLO AMERICA INC.

Principal Place of Business	Mailing Address
470 WEST AVE. STAMFORD CT 06902	470 WEST AVE. STAMFORD CT 06902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/1993	03/31/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 06-1299145 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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) (DATE) (Registered Agent signature required if box 10 is checked)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GOMES, CESAR	12 NAME	
STREET ADDRESS	RUA ANTONIO DIB MUSSI, 79	13 STREET ADDRESS	
CITY ST ZIP	88015.110 FLORIANOPOLIS SC	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BERKEMEYER, JAMES	22 NAME	
STREET ADDRESS	478 WEST AVENUE	23 STREET ADDRESS	
CITY ST ZIP	STAMFORD CT	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	STREADBECK, BRIAN	32 NAME	
STREET ADDRESS	6905 44TH STREET WEST	33 STREET ADDRESS	
CITY ST ZIP	TACOMA WA	34 CITY ST ZIP	
TITLE	VSD	41 TITLE	☐ Change ☐ Addition
NAME	BAPTISTA, MARIO	42 NAME	
STREET ADDRESS	RUA ANTONIO DIB MUSSI, 79	43 STREET ADDRESS	
CITY ST ZIP	88015.110 FLORIANOPOLIS	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	PEREIRA, PAULO	52 NAME	
STREET ADDRESS	470 WEST AVENUE	53 STREET ADDRESS	
CITY ST ZIP	STAMFORD CT	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: _____ 03/14/95 (203)961-6070

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # **N93000000222 (0)**

1. Corporation Name

COOPER'S PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% MIAMI MGMT INC 1189 SAWGRASS CORP PKWY SUNRISE FL 33323 US	% MIAMI MGMT INC 1189 SAWGRASS CORP PKWY SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0387082 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~TROYER, ANNE~~
~~% MIAMI MGMT INC~~
~~1189 SAWGRASS CORP PKWY~~
~~SUNRISE FL 33323~~

10. Name and Address of New Registered Agent

81 Name: TRIAY, CARLOS
82 Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BOULEVARD
83: SUITE 1110
84 City: CORAL GABLES **FL** 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 3/22/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SOTOMAYOR, TONY	12 NAME	
STREET ADDRESS	5523 SW 103 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	DST ☐ Change ☐ Addition
NAME	~~TROYER, ANNE~~	22 NAME	GARCIA, PETER
STREET ADDRESS	~~10004 SW 55 LANE~~	23 STREET ADDRESS	5503 SW 103 AVENUE
CITY-ST-ZIP	COOPER CITY FL	24 CITY-ST-ZIP	COOPER CITY FL
TITLE	DV	31 TITLE	DV ☐ Change ☐ Addition
NAME	~~GUADAGNO, RENEE~~	32 NAME	LYNFATT, TREVOR
STREET ADDRESS	~~10040 SW 55 LANE~~	33 STREET ADDRESS	10227 SW 55 LANE
CITY-ST-ZIP	COOPER CITY FL	34 CITY-ST-ZIP	COOPER CITY FL
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 on an attachment with an address.

SIGNATURE: [signature] 3-20-95 (305) 946-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # **N93000000509 (0)**

1. Corporation Name

STAY IN TOUCH WITH GOD MINISTRY INC.

Principal Place of Business	Mailing Address
2085 BROOKLYN RD. JACKSONVILLE FL 32209	2085 BROOKLYN RD. JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3165981 ☐ Applied For ☐ Not Applicable

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)

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

NORMAN, LETHA B
2085 BROOKLYN RD.
JACKSONVILLE FL 32209

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	NORMAN, LETHA B	12 NAME	
STREET ADDRESS	2085 BROOKLYN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	JONES, MERCY DEE PHD	22 NAME	
STREET ADDRESS	455 WINTER ST.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	NORMAN, WILLIE LEE	32 NAME	
STREET ADDRESS	2085 BROOKLYN RD.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 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 on an attachment with an address.

SIGNATURE: Letha B. Norman Letha B. Norman (904) 764-3177
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0026333

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:32

DOCUMENT # N93000000574 (4)

1. Corporation Name

FRIENDS OF LIFE, INC.

Principal Place of Business	Mailing Address
% LEVINE THALL & PLOTKIN 1740 BROADWAY NEW YORK NY 10019 US	% LEVINE THALL & PLOTKIN 1740 BRAODWAY NEW YORK NY 10019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 04/22/1994
4. FEI Number: 13-3702656 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CANESSA, ROBERTO	12 NAME	
STREET ADDRESS	PAUL HARRIS 1722	13 STREET ADDRESS	
CITY-ST-ZIP	MONTEVIDEO UR	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KRONZON, ITZAK	22 NAME	
STREET ADDRESS	530 FIRST AVE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	ZERBINO, GUSTAVO	32 NAME	
STREET ADDRESS	12 DE DICIEMBRE 767	33 STREET ADDRESS	
CITY ST ZIP	MONTEVIDEO UR	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 on an attachment with an address.

SIGNATURE: _____ 3/20/95 212 2456565
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # **N93000001181 (7)**

1. Corporation Name
HILLIARD FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
RT. 2, BOX 175 FLAGHOLE RD. CLEWISTON FL 33440	RT. 2, BOX 175 FLAGHOLE RD. CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1993
3a. Date of Last Report: 03/23/1994
4. FEI Number: 65-0431778 ☐ 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

RIEF, FRANK J III
100 NORTH TAMPA ST.
SUITE 2900
TAMPA FL 33602

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, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, JOE A	12 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	13 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, JOE M	22 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, BARBARA J	32 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, JOE M II	42 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	43 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, MARY E	52 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, BRIAN R	62 NAME	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	63 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	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: _____ 3-23-95 813-683-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOE HARLIN Hilliard Director

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:27

DOCUMENT # N93000001400 (1)

1. Corporation Name
WILDWOOD CHAPTER #4839 OF AMERICAN ASSOCIATION O F RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
1012 LAKESHORE DR WILDWOOD FL 34785 US	1012 LAKESHORE DR WILDWOOD FL 34785 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 52-1785860 ☐ Applied For ☐ Not Applicable

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

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
BUDRICK, ALBERT 1012 LAKESHORE DR WILDWOOD FL 34785	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	D	11 TITLE	V	☒ Change ☐ Addition
NAME	BROWN, HERBERT	12 NAME	LOUISE CADDELL	
STREET ADDRESS	1018 ACORN TRL	13 STREET ADDRESS	3561 C.R. 230	
CITY-ST-ZIP	WILDWOOD FL	14 CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	D	21 TITLE	P	☐ Change ☒ Addition
NAME	BUDRICK, ALBERT	22 NAME		
STREET ADDRESS	1012 LAKESHORE DR	23 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	T	☒ Change ☐ Addition
NAME	SQUIRES, REUBIN	32 NAME	LOUISE WING	
STREET ADDRESS	702 SPANISH MOSS DR	33 STREET ADDRESS	103 HUEY STREET	
CITY-ST-ZIP	WILDWOOD FL	34 CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	JONES, MARJORY L.	42 NAME		
STREET ADDRESS	508 SANDALWOOD LN	43 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	WENTZ, DALE	52 NAME	GENEVIEVE WENTZ	
STREET ADDRESS	510 LIVE OAK LANE	53 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL 34785	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CREGUER, HAROLD	62 NAME		
STREET ADDRESS	13 RABBIT TRAIL	63 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL 34785	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: Louise Wing Treasurer March 23 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
LOUISE WING 904 748 7877

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:25

DOCUMENT # **N93000001483 (7)**

1. Corporation Name
UNITED STATES BLIND GOLFERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3094 SHAMROCK ST NORTH TALLAHASSEE FL 32308	3094 SHAMROCK ST NORTH TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 03/28/1994
4. FEI Number: 72-1080009 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BERMAN, JED
180 S KNOWLES AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 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 constituting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, BOB	12 NAME	
STREET ADDRESS	3094 SHAMROCK ST. N.	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	VP ☐ Change ☐ Addition
NAME	~~DALTON, WORTH~~	22 NAME	KEITH MELICK
STREET ADDRESS	~~160 LAGO VISTA BLVD.~~	23 STREET ADDRESS	1608 RUTLEDGE RD
CITY-ST-ZIP	~~CASSELBERRY FL~~	24 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, TINA	32 NAME	
STREET ADDRESS	3094 SHAMROCK ST. N.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
		41 TITLE	☐ Change ☐ Addition
NAME	DIETZ, WALTER	42 NAME	
STREET ADDRESS	15 HAMILTON ST.	43 STREET ADDRESS	
CITY-ST-ZIP	BERER OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	~~MCMAHON, BILL~~	52 NAME	GUS GAGNE
STREET ADDRESS	~~75-2 GEORGETOWN DR.~~	53 STREET ADDRESS	2560 RT 9 LOT 6
CITY-ST-ZIP	~~FRAMINGHAM MA~~	54 CITY-ST-ZIP	BALSTON SPA, NY 12020
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	~~MEADOR, DAVE~~	62 NAME	OTTO HUBER
STREET ADDRESS	~~1804 CEDAR LANE~~	63 STREET ADDRESS	1322 DRYPHONS WALK
CITY-ST-ZIP	~~NASHVILLE TN~~	64 CITY-ST-ZIP	REGINA SASK CANADA S4S-6X1

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: TINA ANDREWS Tina Andrews 3/24/95 904-893-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:33

DOCUMENT # **N93000001574 (3)**

1. Corporation Name

INTERNATIONAL SOCIETY OF WELDING EDUCATORS, INC.

Principal Place of Business	Mailing Address
PO BOX 351040 MIAMI FL 33135	550 N.W. LEJEUNE RD. SUITE 418 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 10/11/1994
4. FEI Number: 65-0328495 ☐ 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

WALL, NELSON C DR
550 NW LEJEUNE RD.
SUITE 418
MIAMI FL 33135

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	CHM	11 TITLE	☐ Change ☐ Addition
NAME	BOHNART, E R	12 NAME	
STREET ADDRESS	MILLER ELEC MFG, 1635 W SPENCER	13 STREET ADDRESS	
CITY-ST-ZIP	APPLETON WI 54912	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	WINSAND, AMOS O MR	22 NAME	
STREET ADDRESS	909 TOTTENBAM	23 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI 48009	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WALL, NELSON C DR	32 NAME	
STREET ADDRESS	550 NW LEJEUNE RD. #418	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DELAURIER, FRANK G DR	42 NAME	
STREET ADDRESS	550 NE LEJEUNE RD. #418	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	BOLLINGER, SHIRLEY W MS	52 NAME	
STREET ADDRESS	~~PO BOX 512~~	53 STREET ADDRESS	801 WILSON AVE
CITY-ST-ZIP	HANOVER PA 17331	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	COOLEY, J L	62 NAME	
STREET ADDRESS	MORRISON-KNUDSEN, ~~BOX 73~~	63 STREET ADDRESS	5283 WILLAMETTE
CITY-ST-ZIP	BOISE ID 83729	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 the 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: Frank G. DeLaurier 3/7/95 305-443-9353
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:35

DOCUMENT # **N93000001940 (6)**

1. Corporation Name

NPMA FOUNDATION, INC.

Principal Place of Business	Mailing Address
380 MAIN ST SUITE 290 DUNEDIN FL 34698	380 MAIN ST SUITE 290 DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-3203441 ☐ 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

LERCH, JAMES
380 MAIN ST
SUITE 290
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: Bonnie Schlag
82 Street Address (P.O. Box Number is Not Acceptable): 380 Main Street Suite 290
83
84 City: Dunedin **FL** 85 Zip Code: 34698

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: Bonnie Schlag Bonnie J. Schlag, Executive Director 3/2/95
Signature, type 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	PT	11 TITLE	P ☐ Change ☒ Addition
NAME	BARGTEIL, BERNIE	12 NAME	Edward J. Winters
STREET ADDRESS	9308 EDWAY CIR	13 STREET ADDRESS	904 Jennie Ct
CITY-ST-ZIP	RANDALLSTOWN MD	14 CITY-ST-ZIP	North Bellmore NY 11710
TITLE	VT	21 TITLE	V/D ☐ Change ☒ Addition
NAME	WINTERS, EDWARD J	22 NAME	Ivonne Bachar
STREET ADDRESS	66 FRANCES BLVD	23 STREET ADDRESS	920 Panama Drive
CITY-ST-ZIP	HOTSVILLE NY 11742	24 CITY-ST-ZIP	Modesto CA 95351
TITLE	TT	31 TITLE	T ☐ Change ☒ Addition
NAME	DERAS, STELLA	32 NAME	Ronald J. Cote
STREET ADDRESS	10611 TEAL DR	33 STREET ADDRESS	4228 Cedar Lane
CITY-ST-ZIP	GARDEN GROVE CA 92643	34 CITY-ST-ZIP	Columbia MD 21044
TITLE	ST	41 TITLE	S ☐ Change ☒ Addition
NAME	DOLESE, JILL W	42 NAME	Barbara A. DeSalvo
STREET ADDRESS	2300 DESPAUX DR	43 STREET ADDRESS	1455 West 2nd Street
CITY-ST-ZIP	CHALMETTE LA 70043	44 CITY-ST-ZIP	San Pedro CA 90732
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	CARNEVALE, ALBERT J	52 NAME	
STREET ADDRESS	3750 RENIOR PL	53 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	D ☒ Change ☐ Addition
NAME	BACHAR, IVONNE M	62 NAME	Bernie Bargteil
STREET ADDRESS	STANFORD UNIVERSITY ROOM 122	63 STREET ADDRESS	7818 Whistling Pines Ct
CITY-ST-ZIP	STANFORD CA 94305	64 CITY-ST-ZIP	Ellicott City MD 21043

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: Edward J. Winters 516-574-2132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320M10

FILE NOW: FILING FEE AFTER MAY 1 IS ~~$155.00~~ $61.25

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 MAR 28 PM 6:35

DOCUMENT # N93000002312 (7)

1. Corporation Name
COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
255 S ORANGE AVE SUITE 1700 ORLANDO FL 32801	PO BOX 231 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1993
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3182886 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 75 S. Ivanhoe Blvd.
22 Suite, Apt. #, etc.
23 City & State: Orlando, FL
24 Zip: 32804
25 Country: USA

2a. Mailing Address
26 P.O. Box 2071
27 Suite, Apt. #, etc.
28 City & State: Orlando, FL
29 Zip: 32802
30 Country: USA

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

HURT, RICHARD T
255 S ORANGE AVE
SUITE 1700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Richard T. Hurt
82 Street Address (P.O. Box Number is Not Acceptable): 255 S. Orange Ave.
83 Suite 1700
84 City: Orlando FL 85 Zip Code: 32801

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: Richard T. Hurt 3/20/95
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	V.P.D	☒ Change ☐ Addition
NAME	CONTI, LOUIS TM ESQ	12 NAME		
STREET ADDRESS	200 S ORANGE AVE SUITE 2600	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	V.C.D	☒ Change ☐ Addition
NAME	HINSON, JAMES A	22 NAME		
STREET ADDRESS	60 W ROBINSON ST	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	HURT, RICHARD T	32 NAME		
STREET ADDRESS	255 S. ORANGE AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	S.D	☒ Change ☐ Addition
NAME	LEE, H CLIFFORD	42 NAME	Beverly Paulk	
STREET ADDRESS	199 E WELLBOURNE AVE	43 STREET ADDRESS	280 Wekiva Springs Rd. #134	
CITY-ST-ZIP	WINTER PARK FL 32790-1997	44 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	51 TITLE	TD	☒ Change ☐ Addition
NAME	HILBRICH, GERALD CPA	52 NAME		
STREET ADDRESS	111 N ORANGE AVE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	P	☒ Change ☐ Addition
NAME	YOCHUM, THOMAS H	62 NAME	Diane L. Sandquist	
STREET ADDRESS	390 N. ORANGE AVENUE, #900	63 STREET ADDRESS	75 S Ivanhoe Blvd.	
CITY-ST-ZIP	ORLANDO FL 32802	64 CITY-ST-ZIP	Orlando, FL 32804	

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: Diane L. Sandquist, President 2/22/95 407-872-3660
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
DIANE L. SANDQUIST

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:23

DOCUMENT # N93000002575 (9)

1. Corporation Name
THE BOATERS' ACTION AND INFORMATION LEAGUE, INC.

Principal Place of Business	Mailing Address
5835 WILDWOOD AVE SARASOTA FL 34231	5835 WILDWOOD AVE SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 03/01/1994
4. FEI Number: 65-0431119 — 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) Country (25) 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

STILLEY, WALTER
5835 WILDWOOD AVE
SARASOTA FL 34231

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 Walter S Stilley DATE Feb. 24, 1995
(Signature, typed or printed name of registered agent and the application) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	deletion ☒ Change ☐ Addition
NAME	CASON, THOMAS W JR	12 NAME	Delete
STREET ADDRESS	1007 79TH STREET NW	13 STREET ADDRESS	Cason, Thomas W Jr.
CITY-ST-ZIP	BRADENTON FL 34209	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	D ☐ Change ☒ Addition
NAME	EGERESSY, ANDREW E	22 NAME	DERR, WAYNE L.
STREET ADDRESS	760 DREAM ISLAND ROAD	23 STREET ADDRESS	2746 ORCHID OAKS DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL 34228	24 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	STD	31 TITLE	D ☐ Change ☒ Addition
NAME	HENKEL, CAROL E	32 NAME	WHITE, WILL
STREET ADDRESS	214 FOUR KNOT LANE	33 STREET ADDRESS	5182 LANCEWOOD DRIVE
CITY-ST-ZIP	OSPREY FL 34229	34 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	MACKAY, JOHN A	42 NAME	
STREET ADDRESS	1770 BAYWOOD WAY	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, STUART W JR	52 NAME	
STREET ADDRESS	2819 COVANTRY DR	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	STILLEY, BARBARA	62 NAME	
STREET ADDRESS	5835 WILDWOOD AVE	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	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: Walter S Stilley 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Required) — Date — Daytime Phone #

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # N93000003379 (5)

1. Corporation Name
MARY CRAIG MINISTRIES, INC.

Principal Place of Business	Mailing Address
5991 NORTHEAST 18TH TERRACE FORT LAUDERDALE FL 33308	5991 NORTHEAST 18TH TERRACE FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0429517 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CRAIG, W J
5991 NORTHEAST 18TH TERRACE
FORT LAUDERDALE FL 33308

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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~ D	11 TITLE	☐ Change ☑ Addition
NAME	CRAIG, MARY	12 NAME	T Barlow, Wanda
STREET ADDRESS	5991 NORTHEAST 18TH TERRACE	13 STREET ADDRESS	8246 NW 16 St
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	14 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	PD	21 TITLE	☐ Change ☑ Addition
NAME	CRAIG, JAMES	22 NAME	D Collins, Jackie
STREET ADDRESS	5991 NORTHEAST 18TH TERRACE	23 STREET ADDRESS	3620 N W 44 Ave
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	24 CITY-ST-ZIP	Lauderdale Lakes, FL 33319
TITLE	VD	31 TITLE	☐ Change ☑ Addition
NAME	CRAIG, JOANNA L	32 NAME	D Hulette, Carl
STREET ADDRESS	5991 NORTHEAST 18TH TERRACE	33 STREET ADDRESS	4741 N E 15 Ter.
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	34 CITY-ST-ZIP	Pompano Bch, FL 33064
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BUCKBEE, GILBERT	42 NAME	
STREET ADDRESS	3007 N.E. CENTER AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	MATHIS, HOWARD	52 NAME	D Mathis, Howard
STREET ADDRESS	~~3417 N.W. 44TH ST.~~ 3923 NW 55 St	53 STREET ADDRESS	3923 NW 55 St
CITY ST ZIP	~~OAKLAND PARK FL 33309~~ Coconut Creek, FL 33073	54 CITY ST ZIP	Coconut Creek, FL 33073
TITLE	~~D~~ DS	61 TITLE	☑ Change ☐ Addition
NAME	MATHIS, ELAINE	62 NAME	SD Mathis, Elaine
STREET ADDRESS	~~3417 N.W. 44TH ST.~~ 3923 NW 55 St	63 STREET ADDRESS	3923 NW 55 St
CITY ST ZIP	~~OAKLAND PARK FL 33309~~ Coconut Creek, FL 33073	64 CITY ST ZIP	Coconut Creek, FL 33073

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: Walter James Craig Mar. 3, 1995 305-491-7270
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER JAMES CRAIG

0048800

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

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DIVISION OF CORPORATIONS
'95 MAR 28 PM 6:34

DOCUMENT # **N93000003427 (2)**

1. Corporation Name

JACKSON COUNTY YOUTH, INC.

Principal Place of Business	Mailing Address
2944 PARK ST MARIANNA FL 32446	2944 PARK ST MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1993
3a. Date of Last Report: 08/23/1994
4. FEI Number: 59-3194163 ☐ 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)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

MEDLOCK, PAM
2944 PARK ST
MARIANNA FL 32446

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	PAM S. MEDLOCK,	12 NAME	
STREET ADDRESS	2944 PARK ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	DIANE DEESE,	22 NAME	
STREET ADDRESS	3197 FILE POINTS RD.	23 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL 32431	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	JUDY MOUNT,	32 NAME	
STREET ADDRESS	5878 SUN LIGHT RD.	33 STREET ADDRESS	
CITY-ST-ZIP	MALONE FL 32445	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pam S. Medlock 3/12/95 904-782-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Pam S. Medlock

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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:16

DOCUMENT # **N93000003433 (0)**

1. Corporation Name
PINELLAS COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
3000 34TH ST S ST. PETERSBURG FL 33712	PO BOX 61191 ST PETERSBURG FL 33784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1993
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-3164631 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
♥ CRAM, RUSSANN 3000 34TH ST SO. PINELLAS FL 33711	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	D	11 TITLE	☐ Change ☐ Addition
NAME	MELENDEZ, DAVID	12 NAME	
STREET ADDRESS	4042 29TH AVE NO.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CRAM, MARK	22 NAME	
STREET ADDRESS	5255 FLAMINGO DR	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	KORB, MARTIN	32 NAME	D Ed Parsley JR
STREET ADDRESS	118 30TH AVE NO.	33 STREET ADDRESS	2323 9th ST N
CITY-ST ZIP	ST. PETERSBURG FL 33704	34 CITY-ST-ZIP	St Petersburg, FL 33704
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Richard Fleak
STREET ADDRESS		43 STREET ADDRESS	650 64th Av
CITY ST ZIP		44 CITY-ST-ZIP	St Pete Beach, FL 33706
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: Richard Fleak 2/9/95 (813)360-7184
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0074111

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:34

DOCUMENT # **N93000003445 (4)**

1. Corporation Name

OCEAN REEF MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
30 OCEAN REEF DRIVE N KEY LARGO FL 33037	30 OCEAN REEF DRIVE N KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0443146 ☐ 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

NOSTRO, LOUIS
201 S BISCAYNE BLVD
SUITE 1600
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 _____ 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	P	11 TITLE	D/P	☐ Change ☒ Addition
NAME	MANOS, GEORGE	12 NAME		
STREET ADDRESS	31 OCEAN REEF DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	N KEY LARGO FL	14 CITY-ST-ZIP	33037	
TITLE	VP	21 TITLE	D/VP	☐ Change ☐ Addition
NAME	JENNINGS, EVAN D II	22 NAME		
STREET ADDRESS	13 ANGELFISH KAY DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	N KEY LARGO FL	24 CITY-ST-ZIP	33037	
TITLE	VP	31 TITLE	D/VP	☐ Change ☐ Addition
NAME	HANNA, PAUL	32 NAME		
STREET ADDRESS	12 HARBOR HOUSE	33 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	34 CITY-ST-ZIP	33037	
TITLE	TS	41 TITLE	D/T/S	☐ Change ☐ Addition
NAME	BACHER, FRED	42 NAME		
STREET ADDRESS	54 TARPON LANE	43 STREET ADDRESS		
CITY-ST-ZIP	N. KEY LARGO FL	44 CITY-ST-ZIP	33037	
TITLE	ATS	51 TITLE	A/T/S	☐ Change ☐ Addition
NAME	ARNOLD, GAIL	52 NAME		
STREET ADDRESS	35 B LAKESIDE LANE	53 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	54 CITY-ST-ZIP	33037	
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 addition.

SIGNATURE: Gail Arnold Gail Arnold 1-20-95 305 367 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Asst. Sec. Treas.

000704

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:37

DOCUMENT # **N93000003451 (2)**

1. Corporation Name

THOMAS JEFFERSON SOCIETIES, U.S.A., INC.

Principal Place of Business	Mailing Address
6020 SHORE BLVD. SOUTH #601 GULFPORT FL 33707	6020 SHORE BLVD. SOUTH #601 GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3209518 ☐ 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

GOETZ, SIDNEY M
6020 SHORE BLVD. SOUTH
#601
GULFPORT FL 33707

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	GOETZ, SIDNEY M.	12 NAME	
STREET ADDRESS	6020 SHORE BLVD., S., #601	13 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GOETZ, MIRIAM T.	22 NAME	
STREET ADDRESS	6020 SHORE BLVD., S., #601	23 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WOLSCH, ROBERT	32 NAME	
STREET ADDRESS	4 HERITAGE VILLAGE	33 STREET ADDRESS	
CITY-ST-ZIP	SOUTHBURY CO	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 on an attachment with an addition.

SIGNATURE: Sidney M. Goetz 3/25/95 (813) 343-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sidney M. Goetz

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:38

DOCUMENT # N93000003857 (0)

1. Corporation Name
DUNEDIN AMERICAN LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
373 DOUGLAS AVE DUNEDIN FL 34698	P. O. BOX 481 DUNEDIN FL 34698 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2783616 ☐ 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: 34697 / Country 30

9. Name and Address of Current Registered Agent

DUNLAP, MIKE
2066 NUGGETT DR.
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: Robert F Ferraro
82 Street Address (P.O. Box Number is Not Acceptable): 701 Westfield Court
83
84 City: Dunedin FL 85 Zip Code: 34698

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: Robert F Ferraro, Treasurer March 15, 1995
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	DUNLAP, JETTA	12 NAME	Rosemary Gajan	
STREET ADDRESS	2066 NUGGETT DR.	13 STREET ADDRESS	1039 Sedeeva Street	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater FL 34615	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SOBIERAJ, MICHELLE	22 NAME	Susan Garris	
STREET ADDRESS	2061 BUTTERNUT CIR. W.	23 STREET ADDRESS	887 Emerson Drive	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Dunedin FL 34698	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	CULNEN, BARB	32 NAME	Judy Jaksch	
STREET ADDRESS	438 3RD AVE.	33 STREET ADDRESS	545 Richmond Street	
CITY-ST-ZIP	DUNEDIN FL	34 CITY-ST-ZIP	Dunedin FL 34698	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	DUNLAP, MIKE	42 NAME	Robert F Ferraro	
STREET ADDRESS	2066 NUGGET DR.	43 STREET ADDRESS	701 Westfield Court	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	Dunedin FL 34698	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Melissa Poole	
STREET ADDRESS		53 STREET ADDRESS	981 Grovewood Drive	
CITY-ST-ZIP		54 CITY-ST-ZIP	Dunedin FL 34698	
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: Rosemary Gajan Rosemary Gajan, President 3/15/95 813-443-1661
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0068888

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:24

DOCUMENT # N93000004067 (5)

1. Corporation Name
FRENCHMAN'S CREEK CHARITIES FOUNDATION, INC.

Principal Place of Business	Mailing Address
13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410	13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1993
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0440215 ☐ 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

WIENER, STEPHEN W
C/O WIENER AND WIENER ATTORNEYS
1655 PALM BEACH LAKES BLVD. STE. 900
WEST PALM BEACH FL 33401

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	PD ☒ Change ☐ Addition
NAME	TAUMAN, RODGER	12 NAME	Bernard Loomis
STREET ADDRESS	13885 LEHAVRE DRIVE	13 STREET ADDRESS	13861 Le Havre Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	14 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	MURPHY, GEORGE	22 NAME	Marjorie Kates
STREET ADDRESS	13839 LEMANS WAY	23 STREET ADDRESS	13221 Verdun Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	24 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410
TITLE	TD	31 TITLE	D ☐ Change ☒ Addition
NAME	HAMAR, MYRON B	32 NAME	Abraham Gerber
STREET ADDRESS	13585 VERDE DRIVE	33 STREET ADDRESS	3674 Dijon Way
CITY ST ZIP	PALM BEACH GARDENS FL 33410	34 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Harold Rosenson
STREET ADDRESS		43 STREET ADDRESS	13332 Verdun Drive
CITY-ST-ZIP		44 CITY-ST-ZIP	Palm BEach Gardens, Fl 33410
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	Donna Kress
STREET ADDRESS		53 STREET ADDRESS	13843 LeBateau Isle
CITY ST ZIP		54 CITY ST ZIP	Palm Beach Gardens, Fl 33410
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Dr. Richard Burnett
STREET ADDRESS		63 STREET ADDRESS	13602 Verde Drive
CITY ST ZIP		64 CITY-ST-ZIP	Palm BEach GArdens, Fl 33410

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption limited 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: George Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:20

DOCUMENT # N93000004072 (5)

1. Corporation Name

CENTRAL FLORIDA WOMEN IN INTERNATIONAL TRADE, IN C.

Principal Place of Business	Mailing Address
111 N ORANGE AVE SUITE 1600 ORLANDO FL 32801	P O BOX 1504 GOLDENROD FL 32733-1504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-3180459 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PARKS, LINDA G
111 N ORANGE AVE
SUITE 1600
ORLANDO FL 32801

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	D	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, JANINA	12 NAME	
STREET ADDRESS	111 N ORANGE AVE SUITE 1600	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BEARD, TANYA	22 NAME	
STREET ADDRESS	700 MELROSE AVE #24L	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GURNIK, SUSAN	32 NAME	
STREET ADDRESS	107 KYLE DR	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32751	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PARKS, LINDA G T.	42 NAME	
STREET ADDRESS	111 N. ORANGE AVE., STE. 1600	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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 by an attachment with an address.

SIGNATURE: Linda G. Parks LINDA G.T. PARKS 3-23-95 (407) 423-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:32

DOCUMENT # N93000004376 (0)

1. Corporation Name
AMVETS POST NO. 893, INC.

Principal Place of Business	Mailing Address
221 DIXIE LANE ROCKLEDGE FL 32955 US	P. O. BOX 560693 ROCKLEDGE FL 32956-0693 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1993	3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-3155051	☐ 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: YES ☑	$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	26 221 DIXIE LANE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 ROCKLEDGE, FL.
24 Zip / 25 Country	29 32955 / 30 BREVARD

9. Name and Address of Current Registered Agent

KIRK, WILLIS
221 DIXIE LANE
ROCKLEDGE FL 32955

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: WILLIS KIRK (Signature, typed or printed name of registered agent and title if applicable) Willie Kirk (NOTE: Registered Agent signature required when reinstating) DATE: 3-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIS, KIRK	12 NAME	
STREET ADDRESS	11-B CARMALT ST.	13 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	KISER, ROBERT	22 NAME	
STREET ADDRESS	390 SANDERS LANE	23 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	GALLION, WILSON	32 NAME	VD JOSEPH HENEGHAN
STREET ADDRESS	834 HAMILTON AVE.	33 STREET ADDRESS	962 REVERE CT.
CITY ST ZIP	ROCKLEDGE FL	34 CITY ST ZIP	ROCKLEDGE, FL. 32955
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	ALLEN, JOHN	42 NAME	VP FRANCISCO ODEHNOSKI
STREET ADDRESS	1400 N. TROPICAL TRAIL	43 STREET ADDRESS	4941 N. HARBOR CITY BLVD.
CITY ST ZIP	MERRITT ISLAND FL	44 CITY ST ZIP	MELBOURNE, FL. 32935-4818
TITLE	T	51 TITLE	☒ Change ☐ Addition
NAME	HILL, PATRICIA	52 NAME	VP MELVIN L. BRINGER
STREET ADDRESS	1950 GLEN MEADOWS CIRCLE	53 STREET ADDRESS	2448 ELSIE CIR.
CITY ST ZIP	MELBOURNE FL	54 CITY ST ZIP	COCOA, FL. 32922
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SKYWARK, CARL	62 NAME	
STREET ADDRESS	2100 N. ATLANTIC AVE # 106	63 STREET ADDRESS	
CITY ST ZIP	COCOA BEACH 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: Willie Kirk WILLIS KIRK COMM. 3-15-95 407-632-4232
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OTHER THAN OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:35

DOCUMENT # N93000004778 (7)

1. Corporation Name

ZEPHYRHILLS MINISTERIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1363 ZEPHYRHILLS FL 33539	P.O. BOX 1363 ZEPHYRHILLS FL 33539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report: 12/12/1994
4. FEI Number: 59-3222167 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 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

ODOM, STEPHEN
38300 FIFTH AVE
ZEPHYRHILLS FL 33541

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HOLLYFIELD, W G	12 NAME	
STREET ADDRESS	5510 NINETEENTH ST	13 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARPER, TERRELL L	22 NAME	
STREET ADDRESS	6040 8TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ODOM, STEPHEN	32 NAME	
STREET ADDRESS	38300 FIFTH AVE	33 STREET ADDRESS	
CITY ST ZIP	ZEPHYRHILLS FL 33541	34 CITY-ST ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	BARROWS, MEL	42 NAME	D Richard Paul
STREET ADDRESS	6124 11TH ST	43 STREET ADDRESS	38035 Fifth Avenue
CITY ST ZIP	ZEPHYRHILLS FL 33540	44 CITY-ST-ZIP	Zephyrhills, FL 33541
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen T. Odom Stephen T Odom 3-21-95 813-782-5574
(Name of Officer or Director Printed) (Title) (Date) (Daytime Phone #)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:21

DOCUMENT # N93000005130 (0)

1. Corporation Name

WESTSIDE TRUCKERS MOTORCYCLE CLUB OF MIAMI, FLORIDA, INC.

Principal Place of Business	Mailing Address
13744 N.W. 22ND PLACE OPA LOCKA FL 33054	13744 N.W. 22ND PLACE OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0453984 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MORRIS, JAMES
13744 N.W. 22ND PLACE
OPA LOCKA FL 33054

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	P	11 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JAMES	12 NAME	
STREET ADDRESS	13744 NW 22 PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	Doris Thampson	22 NAME	
STREET ADDRESS	3659 Charles Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33133	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	Willie Hazel Morris	32 NAME	
STREET ADDRESS	13744 nw 22 Place	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33054	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	Pete Hunter	42 NAME	
STREET ADDRESS	540 nw 52nd. Street	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33142.	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 on an attachment with an address.

SIGNATURE: James Morris James Morris 2/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
305 687-0919

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