FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003159

1. Corporation Name

Lake City Nursing Homes, Inc.

700001506107
-06/06/95--01026--014
****200.00 ****200.00

Principal Place of Business	Mailing Address
365 NORTHRIDGE ROAD, SUITE 120 ATLANTA GA 30350	365 NORTHRIDGE ROAD, SUITE 120 ATLANTA GA 30350

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: 7/7/93
3a. Date of Last Report:

4. FEI Number: 54-1639604 — 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

MCKIBBEN, R. BRUCE JR.
3375-A CAPITAL CIRCLE, N.E.
TALLAHASSEE, FL 32308

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET, SUITE 105
83
84 City: TALLAHASSEE, FL 85 Zip Code: 32301

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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. [signature] RICHARD C. KUSHAY, ASST. VP — June 1, 1995

Registered Agent signature (required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
DPT	Douglas K. Mittleider	365 Northridge Rd., Ste 120	Atlanta, Ga 30350
S	Michael L. Foxworthy	365 Northridge Rd. ste 120	Atlanta, Ga 30350
D	Kenneth A. Hubbard	P. O. Box 10 & 1A	Trade, TN 37691

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank)

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

SIGNATURE: [signature] 4-28-95 404-390-9394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas K. Mittleider, President

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # F93000003568 (3)

THE JERUSALEM GROUP THEATRE, INC.

Non-Profit
501 (C)(3)

445 E 86TH STREET
NEW YORK NY 10028

445 E 86TH STREET
NEW YORK NY 10028

08/05/1993

13-3677147

05/01/1994

X

$8.75 Amount Enclosed

$5.00 Min. Fee

9. Name and Address of Current Registered Agent

JACOBSON, ALAN
FLORIDA JEWISH THEATRE
3151 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

FL

X

P
JACOBSON, ALAN
445 E. 86TH ST.
NEW YORK NY 10028
S
JACOBSON, MELISSA BOHER
445 E. 86TH ST.
NEW YORK NY 10028

SIGNATURE: Alan Jacobson 4/17/95

0390487 FP

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
G.P.O. BOX 1680
BROOKLYN, NY 11202

DEPARTMENT OF THE TREASURY

Date: APR 10 1992

Employer Identification Number:
13 [illegible]47
Contact Person:
JOSEPH DILLER
Contact Telephone Number:
(212) 264-3608

THE JERUSALEM GROUP THEATRE INC
C/O ALAN JACOBSON
445 E 86TH STREET NO 2[illegible]
NEW YORK, NY [illegible]

Accounting Period Ending:
April 30
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
April 27, 1992
Advance Ruling Period Ends:
April 30, 1996
Addendum Applies:
Yes

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

STATE
OF FLORIDA

DOCUMENT # F93000004182 (2)

1. Corporation Name
CONTOUR LYNNSOLES, INC.

Principal Place of Business
4233 CLARK ROAD
UNIT #16
SARASOTA FL 34233
US

Mailing Address
P O BOX 20016
SARASOTA FL 34276-3016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1993	3a. Date of Last Report: 02/25/1994
4. FEI Number: 55-0678325	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	XX 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**

LYNN, KENNETH D
4233 CLARK ROAD, UNIT #16
SARASOTA FL 34233

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, New Registered Agent — Registered Agent signature required when reinstating — Date

12. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	LYNN, KENNETH D
STREET ADDRESS	4318 SAWYER ROAD
CITY ST ZIP	SARASOTA FL 34233
TITLE	VCVP
NAME	LYNN, MILLS B
STREET ADDRESS	1881 SOUTHPOINTE DRIVE
CITY ST ZIP	SARASOTA FL 34231
TITLE	DS
NAME	LYNN, BETTY H
STREET ADDRESS	1881 SOUTHPOINTE DRIVE
CITY ST ZIP	SARASOTA FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

600001150654 3
-06/07/95--01001--011
*****225.00 *********

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Kenneth D. Lynn Kenneth D. Lynn 1-26-95 921-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485800 FP

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1995

DOCUMENT # F93000004587 (2)

1 WHAT A WORLD , INC.

TAMPA BAY CENTER
3302 WEST M L KING BLVD
TAMPA FL 33607

TAMPA BAY CENTER
3302 WEST M L KING BLVD
TAMPA FL 33607

3 10/11/1993

3a 04/29/1994

4 59-3200879

5 $8.75

6 $5.00

9 Name and Address of Current Registered Agent

MUNLEY, EDWARD J
TAMPA BAY CENTER
3302 WEST M.L. KING BLVD. SUITE 2031
TAMPA FL 33607

10 Name and Address of New Registered Agent

FL

12

DP
MUNLEY, EDWARD J
TAMPA BAY CTR, 3302 W ML KING BLVD S 2031
TAMPA FL
D
CORNSTEIN, DAVID B
THIRD FLOOR, 521 FIFTH AVE.
NEW YORK NY 10175
D
MILLER, DAVID
1678 SOUTH 8TH ST.
FERNANDINA BEACH FL 32034

13

DP X

DS X

D X

D X

14

SIGNATURE:

5/1/95 813-577-5366

0203033 CP

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # F93000005589 (7)

1. Entity Name

REACH RESORT INVESTMENT CORPORATION

Principal Address	Mailing Address
6000 EXECUTIVE BLVD 7TH FLOOR ROCKVILLE MD 20852	6000 EXECUTIVE BLVD. 7TH FLOOR ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/09/1993	3a. Date of Last Report 08/02/1994
Street Address 22	Street Address 27	4. FEI Number 52-1854404	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
ZIP 24	ZIP 29	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
ZIP 25	ZIP 30	8. This corporation has liability for intangible tax under S. 199.032 Florida ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE SUITE 200 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 Section 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
PDT MEISEL, JOEL S 6000 EXECUTIVE BLVD. ROCKVILLE MD 20852	☐ Change ☐ Add
V SATURN, MARTIN J 6000 EXECUTIVE BLVD. ROCKVILLE MD 20852	☐ Change ☐ Add
V PATTON, MARLENE 6000 EXECUTIVE BLVD. ROCKVILLE MD 20852	☐ Change ☐ Add
S DROZ, MARVIN I 680 ANDERSON DR. PITTSBURGH PA 15220	☐ Change ☐ Add
	☐ Change ☐ Add
	☐ Change ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) or on an attachment with an asterisk.

SIGNATURE: _____ AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0474802 FP

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 23, 1995. If Dissolved, Minimum Amount Due To Reinstate: $738.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

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

...VED
AND
...LED
...-2 AM 11:05
...TATE
...FLORIDA

FILING FEE $ 263.75

Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L93000000189

FDS MORTGAGE COMPANY, L.C.
7800 BELFORT PARKWAY
SUITE 235
JACKSONVILLE FL 32256

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address
7800 BELFORT PARKWAY
SUITE 235
JACKSONVILLE FL 32256

2. Mailing Address
Suite, Apt. #, etc
City & State
Zip / Country

2a. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip / Country

3. Date Organized or Qualified: 06/08/1993

3a. State of Formation: FL

4. FEI Number: 59-3189181
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 03/08/1994

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

7. Name and Address of Current Registered Agent

COLEY, W A
7800-BELFORT PARKWAY
SUITE 235
JACKSONVILLE FL 32256

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc
City
FL
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	COLEY, W A	7800 BELFORT PARKWAY SUITE	JACKSONVILLE FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address.

SIGNATURE: W. Alex Coley W. Alex Coley, MGR 5/28/95 904-281-9764

(Printed Name of Title) (Date) (Daytime Phone #)

INUSE10 R(4/95)

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # N93000000564 (5)

SONSHINE GOSPEL MINISTRIES INC.

13641 S 14TH ST
DADE CITY FL 33525

13641 S 14TH ST
DADE CITY FL 33525

3 02/09/1993 3a 05/01/1994

4 ~~APPLIED FOR~~ 59-323 8910

2 21 18951 U.S. 301 North 2a 26 13641 S. 14th St.

5 $8.75 Additional Fee Required

22 27

6. $5.00 May Be Added to Fees

23 Dade City, Fl 28 Dade City, Fl

7 $68.75 Supplemental Fee Not Required

24 33525 25 U.S. 29 33525 30 U.S.

8 Yes X No

9 Name and Address of Current Registered Agent

STEPHENS, SAMMIE
~~611 S 14TH ST~~ 13641 S. 14th St.
DADE CITY ~~FL~~ 33525

10. Name and Address of ~~New~~ Registered Agent

81 Stephens, Sammie
82 13641 S. 14th St.
83
84 Dade City FL 85 33525

11

12

P
BRUSH, JERALD A JR
12924 JUDY ST
DADE CITY FL 33525

D
BRUSH, KIMBERLY E
12924 JUDY ST.
DADE CITY FL 33525

D
~~STEPHENS, SAMMIE~~
~~13641 S 14TH ST.~~
~~DADE CITY FL 33525~~
No Longer Director - Registered Agent only

D
SHELTROWN, ROSE MARIE
39845 SUNBURST DR
DADE CITY FL 33525

DR 5/31

13

Vice President - V
Jorge Olivera
37327 Safari Dr.
Dade City, Fl 33525

Secretary - S
Daisy Olivera
37327 Safari Dr.
Dade City, Fl 33525

Director - D
Sammie Stephens
13641 S. 14th St.
Dade City, Fl 33525
Deletion As Director

Director - D
Julio Rivera
37330 Safari Dr.
Dade City, Fl 33525

Director - D
David Serano
420 West Oakridge Rd.
Orlando, Fl 30982

Director - D
Ralph Zams
16030 Chieftan Dr.
Dade City, Fl 33525

14

SIGNATURE: Jerald A. Brush Jerald A. Brush Jr. 04-27-95 904-567-6599

SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR

0052153

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # N95000000584

BRIDGEPOINTE I BROKEN SOUND CONDOMINIUM ASSOCIATION INC.

FILED
95 MAY -2 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

c/o 2255 GLADES ROAD
SUITE 311E
BOCA RATON FL 33431

3 2/23/93 3a 3/29/94

4 65-0397797

5 $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

7 $68.75 Supplemental Fee Not Required

8.

21 2255 GLADES ROAD
22 SUITE 311E
23 BOCA RATON FL
24 33431

9 Name and Address of Current Registered Agent

BISHOP, TERESA
2255 GLADES ROAD., SUITE 311E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 BISHOP, TERESA
82 2255 GLADES ROAD, SUITE311E
83
84 BOCA RATON FL 85 33431

11.

SIGNATURE T Bishop 5/12/95

12

P/D
TRAUB, BURTON F.
2512 COCO PLUM BLVD., #1304
BOCA RATON FL 33496

V/P/D
MARGOLIS, LESTER
2542 COCO PLUM BLVD., #803
BOCA RATON FL 33496

V/P/D
SOLOMON, HENRY
2554 COCO PLUM BLVD., #604
BOCA RATON FL 33496

T
GREENWALD, RICHARD
2560 COCO PLUM BLVD., #503
BOCA RATON FL 33496

S
RAYMOND, SYLVIA
2566 COCO PLUM BLVD., #401
BOCA RATON FL 34496

13

600108 505656
-06/06/95--01005--022
****130.00 ****130.00

14.

SIGNATURE: [signature] May 12, 1995 95 MAY 30 PM 4:04

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR OFFICER