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

[illegible] 1 PM 4:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005268 (8)**

1. Current Name

MANDEL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
11951 S.W. 51ST ST. COOPER CITY FL 33330	11951 S.W. 51ST ST. COOPER CITY FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **11/18/1993**

3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **76-0319861** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

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

City & State — 23

City & State — 28

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

24 — 25 — 29 — 30

8. This corporation was formed to be an eligible law under s. [illegible] Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MANDEL, TED
11951 S.W. 51ST ST.
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and/or 617.1905, 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. [illegible] the appointment of registered agent [illegible] and [illegible] the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title	PD	☐ Change ☐ Addition
Name	MANDEL, TED	
Address	11951 S.W. 51ST ST.	
City/State/Zip	COOPER CITY FL 33330	
Title	VSTD	☐ Change ☐ Addition
Name	MANDEL, CAROLYN	
Address	11951 S.W. 51ST ST.	
City/State/Zip	COOPER CITY FL	
Title		☐ Change ☐ Addition
Name		
Address		
City/State/Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City/State/Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City/State/Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City/State/Zip		

14. I declare, under penalty of perjury, that the information supplied with this filing is true, correct and complete. I further declare that I am familiar with and authorized by Florida law 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 to the report.

SIGNATURE: Carolyn K. Mandel Carolyn K. Mandel, Secretary 4/18/95 305/680-9602

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

0236223 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

DOCUMENT # F93000005296 (9)

1. Corporation Name
BYC, INC.

Principal Place of Business
6140 PARKLAND BLVD
PARAGON CENTER
MAYFIELD HEIGHTS OH 44124

Mailing Address
6140 PARKLAND BLVD
PARAGON CENTER
MAYFIELD HEIGHTS OH 44124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 34-1754037 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	PSD
NAME	TOMSICH, ROBERT J
STREET ADDRESS	6140 PARKLAND BLVD.
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124
TITLE	AS
NAME	BIACOFSKY, JOHN
STREET ADDRESS	6140 PARKLAND BLVD.
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124
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: John Biacofsky, JOHN BIACOFSKY — 5/1/95 — 216/461-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0384767 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **F93000005409 (8)**

1. Current Name

SOUTHEAST ABATEMENT SERVICES CO., INC.

Principal Place of Business	Mailing Address
2900 N HWY 100 WACO GA 30182	2900 N HWY 100 WACO GA 30182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified **11/29/1993**	3a. Date of Last Report **04/26/1994**
4. FEI Number **58-1955919**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	PC	11 Title	☐ Change ☐ Addition
02 Name	JOHNSON, BETTY W	12 Name	
03 Street Address	3338 LOVVORN MILL ROAD	13 Street Address	
04 City, St, Zip	WACO GA 30182	14 City, St, Zip	
05 Title	VST	15 Title	☐ Change ☐ Addition
06 Name	JOHNSON, SCOTT B	16 Name	
07 Street Address	2924 N. HWY 100	17 Street Address	
08 City, St, Zip	WACO GA 30182	18 City, St, Zip	
09 Title		19 Title	☐ Change ☐ Addition
10 Name		20 Name	
11 Street Address		21 Street Address	
12 City, St, Zip		22 City, St, Zip	
13 Title		23 Title	☐ Change ☐ Addition
14 Name		24 Name	
15 Street Address		25 Street Address	
16 City, St, Zip		26 City, St, Zip	
17 Title		27 Title	☐ Change ☐ Addition
18 Name		28 Name	
19 Street Address		29 Street Address	
20 City, St, Zip		30 City, St, Zip	
21 Title		31 Title	☐ Change ☐ Addition
22 Name		32 Name	
23 Street Address		33 Street Address	
24 City, St, Zip		34 City, St, Zip	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Betty W. Johnson - President 5/1/95 1/00:58:39:38

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0390935 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P93000000260 (8)**

1. Current Name
BUDGE IT MOVING & STORAGE INCORPORATED

Principal Place of Business	Mailing Address
2052 N/E 153ST NORTH MIAMI BEACH FL 33162 US	2052 N/E 153ST NORTH MIAMI BEACH FL 33162 US

(If Not Applicable, Leave Blank)

2. Principal Place of Business 21	2a. Mailing Address 26
State And Zip 22	State And Zip 27
City & State 23	City & State 28
24 25	29 30

3. Date Incorporated / Qualified: **12/28/1992**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0387603** ☐ 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 is subject to provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAL, LAVIE 134 BISCAYNE BLVD / STE - 810 N MIAMI FL 33181	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	SD		☐ Change ☐ Addition
NAME	LAVIE, LEVITAL T		
STREET ADDRESS	117 N.E. 3 STREET		
CITY-ST-ZIP	HALLANDALE FL 33009		
TITLE	TD		☐ Change ☐ Addition
NAME	SHALIM, HAIM		
STREET ADDRESS	117 N.E. 3 STREET		
CITY-ST-ZIP	HALLANDALE FL 33009		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. I further certify that the corporation has paid all fees due to the Department of State that are required to be paid at this time. I am aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, Florida Statutes. I understand the requirement to file, within 60 days before any change occurs, a mandatory amendment to the annual report reflecting the change of registered agent, registered office address, officers, directors, or principal place of business. I understand that the annual report must be received, not postmarked, by May 1st to avoid late penalties. I understand that the Department of State is not responsible for any errors made by this corporation in completing this report. I understand that I am required to notify the Department of State of any changes to the above information. I understand that I am required to pay a $400.00 reinstatement fee if this report is not received by the Department of State by May 1st. I understand that I am required to pay a $225.00 filing fee if this report is received by the Department of State after May 1st but on or before June 1st. I understand that I am required to pay a $400.00 late filing penalty if this report is received by the Department of State after June 1st. I understand that I am required to pay a $400.00 late filing penalty if this report is received by the Department of State after June 1st. I understand that I am required to pay a $400.00 late filing penalty if this report is received by the Department of State after June 1st.

SIGNATURE: 4/5/95 (305)945-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0176010 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # **P93000000686 (4)**

MULTI SALES & SERVICES, INC.

2599 NE 19ST ST
AVENTURA FL 33180
US

~~8001 BISCAYNE BLVD~~
~~AVENTURA FL 33180~~
MULTI SALES & SVC
PO BOX 630005
MIAMI, FL 33163

01/06/1993 06/27/1994

65-0378213

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

PO Box 630005

Miami FL

FL 33163

9. Name and Address of Current Registered Agent

CLARK, JOHN
2599 NE 191ST
AVENTURA FL 33180

10. Name and Address of New Registered Agent

FL

April 27, 1995

D
CLARK, JOHN W.
2599 NE 191ST ST.
AVENTURA FL

SIGNATURE: April 27, 1995 305933 0176

Signature And Typed Or Printed Name Of Person Executing The Document

0196067 CP