FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F93000005936 (0)

1. Corporate Name

LAKEPOINTE ENVIRONMENTAL GROUP, INC.

Principal Place of Business	Mailing Address
2763 S.W. MATHESON AVE. VILLA C PALM CITY FL 34990	2763 S.W. MATHESON AVE. VILLA C PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 73-1389873 — 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 Office if Changed: 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

SERAFIN, JACOB R
2763 S.W. MATHESON AVE.
VILLA C
PALM CITY FL 34990

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 its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SERAFIN, JACOB R
STREET ADDRESS	2763 S.W. MATHESON AVE.
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	S
NAME	SERAFIN, SHARI L
STREET ADDRESS	7015 WATERWOOD WAY
CITY-ST-ZIP	OKLAHOMA CITY OK 72132
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 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP ☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP ☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP ☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP ☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP ☐ Change ☐ Addition

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: Jacob R. Serafin PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACOB R. SERAFIN
Date 5/2/95 Daytime Phone # 8004775791

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FLORIDA
ANNUAL REPORT
1995

DOCUMENT # P93000000136 (0)

1. BLOOMERS FLOWERING PLANT NURSERY, INC.

7880 126TH AVENUE NORTH LARGO FL 34643	7880 126TH AVENUE NORTH LARGO FL 34643

3. Date of Last Report: 12/31/1992
3a. Date of This Report: 05/01/1994

4. FEI Number: 59-3162826
Applied For
Not Applicable

5. Certificate of Status (Optional) ☐ $8.75 Additional Fee Required

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

8. The corporation is liable for intangible tax under § 199.032, Florida Statutes. ☒ Yes. ☐ No.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARY, K. COLEMAN 7140 47TH AVE NORTH ST. PETERSBURG FL 33709	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 607.1505, 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 (or agent for service of process) indicated in Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE PV NAME COLEMAN, MARY K STREET ADDRESS 7140 47 AVE N CITY-ST-ZIP ST. PETERSBURG FL	TITLE ☐ Change ☐ Addition
TITLE ST NAME FRIEND, SHARON D STREET ADDRESS 2043 28 AVENUE NORTH CITY-ST-ZIP ST PETERSBURG FL	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition

14. To the best of my knowledge, this report is complete and accurate and does not qualify for the exemptions stated in Section 607.1622(2), Florida Statutes. I further certify that the corporation named on the annual report or supplemental annual report is authorized to transact business in Florida, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Mary K Coleman 5-9-95 813 536-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0371695 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # P93000001218 (5)

SIGIS TROPICAL TREASURES, INC.

APPROVED
AND
FILED

95 MAY -8 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3831 WEST VINE STREET OSCEOLA MALL KISSIMMEE FL 34741	3831 WEST VINE STREET OSCEOLA MALL KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Authorized to Qualified: 12/30/1992

3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-3163044 — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STUPELMAN, SIGRID
4125 OAK CANOPY COURT
#910
KISSIMMEE FL 34741

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 or 617.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR(S)	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)
P STUPELMAN, SIGRID 4125 OAK CANOPY CT #910 KISSIMMEE FL 34741	STUPELMAN SIGRID ☐ Change ☐ Addition 12343 FALCON POINTE DR ORLANDO FL 32837
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete 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 above, or on an attachment with an address.

SIGNATURE: Sigrid Stupelman — 5-5-95 — 407-933-2668

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

0574681 CP