

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MONTGOMERY
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
1995

EXPIRATION DATE: 12/15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004018 (7)

1. Incorporation Number

IMPROVED CONSTRUCTION METHODS, INC.

Principal Place of Business
226 N. BAILEY STREET
PO BOX 5798
JACKSONVILLE AR 72078

Meeting Address
226 N. BAILEY STREET
PO BOX 5798
JACKSONVILLE AR 72078

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 08/02/1994
3a. Date of Last Report

4. FFI Number 71-0414317
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 interstate tax under S. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Meeting Address

21. State of Incorporation

26. State of Meeting

22. City or County

27. City or County

23. City or County

28. City or County

24. City or County

29. City or County

30. County

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 607.06(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. See if 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 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of New Registered Agent or Designated Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. NAME	PC
2. NAME	MC FADDEN, BRUCE
3. STREET ADDRESS	4527 VALLEY BROOK DRIVE
4. CITY or ZIP	NORTH LITTLE ROCK AR 72116
5. NAME	STD
6. NAME	MC SPADDEN, MICKEY
7. STREET ADDRESS	16 DEER CREEK DR
8. CITY or ZIP	CABOT AR 72023
9. NAME	VC
10. NAME	WILSON, PAT
11. STREET ADDRESS	1202 W. MAIN
12. CITY or ZIP	JACKSONVILLE AR 72076
13. NAME	
14. STREET ADDRESS	
15. CITY or ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY or ZIP	
19. NAME	
20. STREET ADDRESS	
21. CITY or ZIP	

1. NAME	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY or ZIP		
5. NAME	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY or ZIP		
9. NAME	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY or ZIP		
13. NAME	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY or ZIP		
17. NAME	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY or ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(3), 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 a check or other certificate of the corporation or the record or transfer of ownership to exist on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of the filing as an attachment with its address.

SIGNATURE

(Signature and Title of Officer or Director)

Bruce McFadden

5/15/95 (501) 982-7715

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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
(10)
FILED

95 MAY 20 11:00:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004220 (9)

STIFEL ALLIANCE REALTY CORP.

1. Principal Office of Corporation 500 N. BROADWAY SUITE 1700 ST. LOUIS MO 63102		2a. Mailing Address 500 N. BROADWAY SUITE 1700 ST. LOUIS MO 63102		3. Date of Report Due (2nd of Year) 08/15/1994		3a. Date of Last Report Initial Report	
2. Principal Office of Corporation 500 N. BROADWAY SUITE 1700 ST. LOUIS MO 63102		2a. Mailing Address 500 N. BROADWAY SUITE 1700 ST. LOUIS MO 63102		4. FEE Number 43-1273530		5. Certificate of Status (Desired) ☐ \$8.75 Additional Fee Required	
22. Certificate of Status (Desired) ☐ \$8.75 Additional Fee Required		27. Attn: Corporate Accounting		6. Election Campaign Finance and Trust Fund Contributions ☐ \$5.00 May Be Added to Fees		8. This corporation has liability for ad valorem taxes under the 1993 Act ☐ No ☒ Yes	
24. 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 83. City 84. State 85. Zip Code		11. Signature of the President or Director 12. Signature of the Vice President or Director 13. Signature of the Secretary or Treasurer		14. Signature of the President or Director 15. Signature of the Vice President or Director 16. Signature of the Secretary or Treasurer	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING OFFICER OR DIRECTOR

APPROVED
AND
FILED

$\mathcal{H}^1(\mathbb{R}^n) \cap \mathcal{H}^2(\mathbb{R}^n) \subset \mathcal{H}^1(\mathbb{R}^n) \cap \mathcal{H}^2(\mathbb{R}^n)$
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THE

100-443887-100

100 W. LONG LAKE RD., #100
BLOOMFIELD HILLS MI 48304

1. The first of these is the fact that the system is not a simple one, but a complex one, involving many different factors and interactions.

		3. Date of Incorporation or Qualification		3a. Date of Last Report	
		08/18/1994			
2. Principal Place of Business		2a. Mailed Address		4. FIC Number	
21		26		38-2362065	
Street, Apt. # etc.		City, Apt. # etc.		Approved For	
				Not Applicable	
22		27		5. Contribution Status: Disclosed ☐ \$8.75 Additional Fee Required	
City & State		City & State			
23		28		6. Election Campaign Financing: Trust Fund Contributions ☐ \$5.00 May Be Added to Fees	
City		City			
24		25		8. This corporation has liability for intangible tax reported by 1041/1042	
29		30		Unpaid liability ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	DATE
82	Street Address (If Not Known or Not Applicable)
83	
84	FILE 85 Zip Code

[illegible]

2010年12月15日

12.	ORGANIZATION, ADDRESS, CITY	13.	ADDITIONS, CHANGES, DELETIONS, AND OTHER COMMENTS
12.1	PVST	13.1	ASST SECRETARY
12.2	JONES, ROBERT	13.2	LOU PRANTER
12.3	171 MARINE DR.	13.3	128 MARSHALL ST.
12.4	ST CLAIR BEACH ONTARIO CANADA N8N 4K1	13.4	Belle River Ont N8N1A0
12.5	D	13.5	
12.6	JONES, ROBERT	13.6	
12.7	171 MARINE DR.	13.7	
12.8	ST CLAIR BEACH ONTARIO CANADA N8N 4K1	13.8	
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12.30		13.30	

14. I hereby certify that the information supplied with this form, voluntarily furnished and true and capable of being corroborated as far as it is possible to do so, is true and correct. I further certify that the information submitted on this annual report or supplemental report is true and accurate and that my signature will have the same legal effect as if I had signed the same. I am capable of signing it and the signatures of the members of the household are true and correct. I have signed the report or supplement, if filed, on 12/1/2011. I hereby declare and that my change of address is from 12/1/2011 to 12/1/2011. I have signed the report or supplement with my address.

Tom Prontoso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL IN THE DIRECTOR

5-12 ps

3/3 463 09 17

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Samuel B. Murphree
Secretary of State
Division of Corporations

DOCUMENT # **F94000004548 (3)**

1. Corporation Name

T-BIRDS ROCK & ROLL DINER GROUP, INC.

Principal Place of Business
**9039 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256**

Mailing Address
**9039 SOUTHSIDE BLVD.
JACKSONVILLE FL 32256**

APPROVED
AND
FILED

FILED MAY 20 1995

RECEIVED FOR STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **09/01/1994** 3a. Date of Last Report

4. FEI Number **59-3261644** 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. 198.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. State Apt. # etc. 26. State Apt. # etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #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 607.050, 607.051, and 607.1508, Florida Statutes, the above named corporation submits this statement for the purposes 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 of registered agent or registered agent and the corporation

Signature of registered agent or registered agent and the corporation

(S)

12. OFFICERS AND DIRECTORS

12.1	VSTD NAME STREET ADDRESS CITY & STATE
12.2	P NAME STREET ADDRESS CITY & STATE
12.3	NAME STREET ADDRESS CITY & STATE
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12.7	NAME STREET ADDRESS CITY & STATE
12.8	NAME STREET ADDRESS CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
13.2	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
13.3	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
13.4	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
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13.6	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
13.7	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition
13.8	NAME STREET ADDRESS CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is equally for the corporation stated in Sections 607.050, Florida Statutes. Further, I certify that the information included 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. I am an officer or director of this corporation or the registered or future registered to make this report as required by Chapter 607, Florida Statutes, and that my name appears as Block 1, or Block 1, or changed or an amendment with an address.

SIGNATURE:

Mary George
SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

5-1-95

904-363-2299

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



DEPARTMENT OF STATE
OFFICE OF SECRETARY
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004631. (7)

GRAHAM & RUSHEN, INC.

APPROVED
FILED

MAY 22 11:10:15

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2. Mailing Address		3. Date of Report		4. Filing Number		5. Certificate of Status (Required)		6. Election Campaign Financing Trust Fund Contribution		7. This corporation has adopted the information law under the Florida Statutes	
2355 ALTON ROAD BIRMINGHAM AL 35210		2355 ALTON ROAD BIRMINGHAM AL 35210		09/07/1994		63-1090702		☐ \$8.75 Additional Fee Required		☐ \$5.00 May Be Added to Fees		☐ Yes ☐ No	
2. Date of Report		2a. Mailing Address		2b. Date of Report		2c. Filing Number		2d. Certificate of Status (Required)		2e. Election Campaign Financing Trust Fund Contribution		2f. This corporation has adopted the information law under the Florida Statutes	
21		26 P.O. Box 100939		27		28 Birmingham, Al.		29 35210		30 JEFFERSON		31	
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1009		1010		1011		1012		1013		1014		1015	
1016													

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

65 MAY 22 11:12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT

1995

52295

P-6830

C

DOCUMENT # F94000004706 (7)

MARIANNA BEVERAGE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3860 WEST NORTHWEST HIGHWAY #300
DALLAS TX 75220

3860 WEST NORTHWEST HIGHWAY, #300
DALLAS TX 75220

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporation or Qualification

3a. Date of Last Report

09/12/1994

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

25. City & State

30. City & State

4. FEI Number

58-2134006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199(4)(c),

Florida Statutes

☐ Yes

☐ No

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, 609, and 610 of the 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 S. 607(1)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Change of Agent)

(Signature of Agent or Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, ST, ZIP	3. CITY, ST, ZIP
4. NAME	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, ST, ZIP	6. CITY, ST, ZIP
7. NAME	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST, ZIP	9. CITY, ST, ZIP
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP
13. NAME	13. NAME
14. STREET ADDRESS	14. STREET ADDRESS
15. CITY, ST, ZIP	15. CITY, ST, ZIP
16. NAME	16. NAME
17. STREET ADDRESS	17. STREET ADDRESS
18. CITY, ST, ZIP	18. CITY, ST, ZIP
19. NAME	19. NAME
20. STREET ADDRESS	20. STREET ADDRESS
21. CITY, ST, ZIP	21. CITY, ST, ZIP

1. NAME	☐ Change ☐ Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	
21. NAME	

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 199(4)(b), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report of a 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 person or persons responsible for preparing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: A

(Signature and Printed Name of Signing Officer or Director)

3/30/95

214-352-3330

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304-0001
TELEPHONE: (904) 493-0001
FAX: (904) 493-0002

APPROVED
AND
FILED

RECEIVED
MAY 10 1995
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004752 (1)

BF USB, INC.

Check the type of corporation:

1780 BURNS AVENUE
ST LOUIS MO 63101

1780 BURNS AVENUE
ST LOUIS MO 63101

(PLEASE WRITE IN THIS SPACE)

2. Division Name of Business		2b. Mailing Address		3. Date of Incorporation (or Reincorporation)		3a. Date of Last Report	
21		26		09/14/1994			
22		27		4. Filing Number		Applicable	
23		28		43-1688835		Not Applicable	
24		29		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		31		7. The corporation is not liable for intangible tax under S. 194.032, Florida Statutes.		☒ Yes ☐ No	
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 (if 0, Box Number or Not Applicable)			
				83.			
				84. City			
				FL 85. State			

11. Pursuant to the provisions of Sections 194.031 and 194.032, Florida Statutes, the above named corporation hereby certifies that the information furnished on this report is true and correct to the best of its knowledge and belief, and that the report is prepared in accordance with the provisions of the above cited sections of the Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PC MCCARTHY, DONALD 295 THE WEST MALL, STE 600 TORONTO, ONTARIO	NAME	PCD ☒ Change ☐ Addition
NAME	VID JONES, RICHARD G 295 THE WEST MALL, STE 600 TORONTO, ONTARIO	NAME	☐ Change ☐ Addition
NAME	VD HUGHEY, H D 135 OTONABEE DR. KITCHENER, ONTARIO	NAME	V ☒ Change ☐ Addition
NAME	V LOWES, PETER L 295 THE WEST MALL, STE 600 TORONTO, ONTARIO	NAME	V PALUCH, Brian 1780 Burns Avenue St. Louis, Missouri 63101 S ☒ Change ☐ Addition
NAME	VS MARKEY, MARGO A 295 THE WEST MALL, STE 600 TORONTO, ONTARIO	NAME	AT ☐ Change ☒ Addition
NAME	AS TANNON, JAY M 3200 PROVIDIAN CENTER LOUISVILLE KY	NAME	WAITE, Douglas 295 The West Mall, Ste 600 Toronto, Ontario

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am qualified to file this report as required by the provisions of the Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if my name appears in Block 12 or Block 13 of this report, or in any other report as required by Chapter 194, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in any other report as required by Chapter 194, Florida Statutes.

SIGNATURE: *Margo A. Markey* Margo A. Markey, Secretary, May 1, 1995
416-695-5215

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



DOCUMENT # F94000004873 (5)

VERIMED INTERNATIONAL, INC.

APPROVED
AND
FILED

MAY 16 1995

CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 17TH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

11950 NW 39TH ST.
CORAL SPRINGS FL 33065

11950 NW 39TH ST
CORAL SPRINGS FL 33065

21	11950 N.W. 39 th ST.	26	11950 N.W. 39 th ST.	3	09/20/1994	3a	
22	SUITE D	27	SUITE D	4	65-0515569		
23	CORAL SPRINGS, FL	28	CORAL SPRINGS, FL.	5		\$8.75 Additional Fee Required	
24	33065	29	33065	6		\$5.00 May Be Added to Fees	
25	USA	30	USA	7			

B. Name and Address of Current Registered Agent

MEE, DOUGLAS
11950 N.W. 39TH ST.
SUITE D
CORAL SPRINGS FL 33324

10. Name and Address of New Registered Agent

B1 Name MEE, DOUGLAS
B2 Street Address (P.O. Box Number is preferred) 11950 N.W. 39th ST.
B3 SUITE D
B4 CORAL SPRINGS FL B5 33065

11. The undersigned hereby certifies that the information furnished herein is true and correct to the best of their knowledge and belief, and that they are duly qualified to act as registered agents for the corporation named herein. This statement is required by the Florida Statutes, Chapter 607, Section 607.01, and Chapter 607, Section 607.02.

5/16/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
C METTLER, STEPHEN C 1333 SOUTH CLAUDINA ANAHEIM CA 92805	
C METTLER, DONNA KAY 1333 SOUTH CLAUDINA ANAHEIM CA 92805	D SCHMIDT, ERWIN R, III 1333 SOUTH CLAUDINA ANAHEIM, CA 92805
DS METTLER, MARK 1333 SOUTH CLAUDINA ANAHEIM CA 92805	
D METTLER, LORI 1333 SOUTH CLAUDINA ANAHEIM CA 92805	
P MEE, DOUGLAS 11950 NW 39TH ST., STE. D CORAL SPRINGS FL 33323	
V MEE, WILLIAM 11950 NW 39TH ST., STE. D CORAL SPRINGS FL 33323	

14. The undersigned hereby certifies that the information furnished herein is true and correct to the best of their knowledge and belief, and that they are duly qualified to act as registered agents for the corporation named herein. This statement is required by the Florida Statutes, Chapter 607, Section 607.01, and Chapter 607, Section 607.02.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUG MEE, PRESIDENT

5/16/95

305-344-2451