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 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G67243** **(7)**

1. Corporation Name

GREAT BAY CHARTER & BROKERAGE CO., INC.

Principal Place of Business	Mailing Address
1717 N. BAYSHORE DRIVE THE GRAND - SUITE 2500 MIAMI FL 33132 US	1717 N. BAYSHORE DRIVE THE GRAND - SUITE 2500 MIAMI FL 33132 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2335722 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KAPLAN, MORTON
1717 N. BAYSHORE DRIVE
THE GRAND - SUITE 2500
MIAMI FL 33132

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	KAPLAN, MORTON
STREET ADDRESS	1717 N. BAYSHORE DR #2000
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	KAPLAN, IAN
STREET ADDRESS	1717 N. BAYSHORE DR #2000
CITY-ST-ZIP	MIAMI FL
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

(Six blank blocks, each with: TITLE, NAME, STREET ADDRESS, 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(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: X [signature] 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
IAN KAPLAN, V.P.

0132871 CP

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Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # G69656 (8)

1. Corporate Name
THE TREE OF US, INC.

Principal Place of Business: 5780 SW 25TH ST #6, HOLLYWOOD FL 33023

Mailing Address: 4839 SW 148 AVE, 500, DAVIE FL 33330, US

95 ... AM 11: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/17/1983
3a. Date of Last Report	05/01/1994
4. FEI Number	59-2338095
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 currently engaged in ... under ... Florida Statutes	X Yes / No

2. Principal Place of Business
21 3301 N. State Rd. 7
22 Suite, Apt. #, etc.
23 Hollywood, FL
24 33021 25 USA

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

9. Name and Address of Current Registered Agent

HARDEN, DANIEL
5130 SW 188 AVE
FT LAURDLE FL 33332

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	T
NAME	KRETZMER, PETER Y.
STREET ADDRESS	2782 SUCRE AVE
CITY-ST-ZIP	COOPER CITY FL
TITLE	PS
NAME	HARDEN, JUDITH M
STREET ADDRESS	5130 SW 188 AVE
CITY-ST-ZIP	FT LAURDALE FL
TITLE	V
NAME	HARDEN, DANIEL
STREET ADDRESS	5130 SW 188 AVE
CITY-ST-ZIP	FT LAURDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(blank; Change / Addition boxes)

14. I 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: Judith M. Harden 4-29-95 (305)434-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0236064 CP