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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **H08886** **(4)**

1. Corporation Name
TWO CB'S, INC.

Principal Place of Business	Mailing Address
% CHARLES N. BRACKER 10521 MAHOGONEY KEY CIR #108 MIAMI FL 33196	% CHARLES N. BRACKER PO BOX 143367 CORAL GABLES FL 33114-3367 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1984
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 10521 MAHOGANY KEY CIRCLE 108
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): MIAMI FL
Zip (24) Country (25)
Zip (29): 33196 Country (30): USA

4. FEI Number: 59-2428775 ☐ 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

BRACKER, CHARLES N.
10521 MAHOGONEY KEY CIR #108
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name: CAROLYN BRACKER
82 Street Address (P.O. Box Number is Not Acceptable): 10521 MAHOGANY KEY CIRCLE #108
83
84 City: MIAMI FL 85 Zip Code: 33196

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: X Carolyn Bracker DATE: 4/12/95
(If changing Registered Agent, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD BRACKER, CHARLES N. 10521 MAHOGONEY KEY CIR. MIAMI FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	DELETE / RELEASE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BRACKER, CAROLYN 10521 ~~MAHOGONEY KEY CIR.~~ MAHOGANY KEY CIRCLE MIAMI FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	PRESIDENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	~~SEC~~ SEC/TREAS. NAOMI LANDEN 10502 SW 137 PL MIAMI, FL 33176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	DIRECTOR GAIL TAYLOR P.O. BOX 18179 MAR SOUTH LAKE TAHOE, CA. 96151	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	DM 5/18	☐ 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: Carolyn Bracker 4/12/95 (305) YYY-4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

X LVD

0426070 FP