FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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MAY 22 [illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # H60313 (4)

1. Corporation Name

S. P. B. OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
1170 SUNSET STRIP SUNRISE FL 33313 US	1170 SUNSET STRIP SUNRISE FL 33313 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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

PALISCH, BERNARD
1215 N.W. 19TH TERR.
DELRAY BEACH FL 33445

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

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	PALISCH, BERNARD
STREET ADDRESS	1215 NW 19TH TERRACE
CITY-ST-ZIP	DELRAY BCH. 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	
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)(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: Bernard Palisch BERNARD PALISCH 5/17/95 305 5879017

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

0221760 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

5-22-95 B-68322 C

DOCUMENT # H61982 (5)

1. PACE - WILLIAMS & COMPANY

FLORIDA

Principal Place of Business: 301 NORTH PALMER ST. PLANT CITY FL 33566

Mailing Address: 301 NORTH PALMER ST PLANT CITY FL 33566

3. Date Incorporated or Qualified: 06/13/1985	3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2564948	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. [X] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 2610 Airport Rd	26 2610 Airport Rd
22 Suite, Apt. #: 1	27 Suite, Apt. #:
23 City & State: Plant City Fl	28 City & State: Plant City Fl
24 Zip: 33567 / 25 County: Hillsborough	29 Zip: 33567 / 30 County: Hillsborough

9. Name and Address of Current Registered Agent

WILLIAMS, N. BURTON
301 NORTH PALMER ST
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name: Williams, N. Burton
82 Street Address (P.O. Box Number is Not Acceptable): 2610 Airport Rd
83
84 City: Plant City FL 85 Zip Code: 33567

11. Pursuant to the provisions of sections ... 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. ...

SIGNATURE: N. Burton Williams N. Burton Williams 5-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 TITLE	PSD [X] Change [ ] Addition
NAME	WILLIAMS, N. BURTON	1 NAME	Williams, N. Burton
STREET ADDRESS	301 NORTH PALM ER ST.	1 STREET ADDRESS	2610 Airport Rd
CITY-ST-ZIP	PLANT CITY FL	1 CITY-ST-ZIP	Plant City Fl 33567
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I the undersigned, ... 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: N. Burton Williams President N. Burton Williams 5-16-95 (813)752-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0287749 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # H62685 (3)

1. Corporation Name

AD MAGIC, INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BOULEVARD SUITE 408 N MIAMI BCH FL 33180	20801 BISCAYNE BOULEVARD SUITE 408 N MIAMI BCH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1985
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2547648 — 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. 199.0?? 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 19701 E. Country Club Dr; 27 Suite, Apt. #: 208; 28 City & State: AVENTURA FL; 29 Zip: 33180; 30 Country ___

9. Name and Address of Current Registered Agent

SAVAGE, CRAIG D.
801 N.E. 167TH ST.
NORTH MIAMI BEACH FL 33162

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 617.0502, 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. 607.0505, Florida Statutes.

SIGNATURE ___

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
V	GOODMAN, JERI	20191 E COUNTRY CLUB 501	AVENTURA FL
P	GOODMAN, MARTY	20191 E COUNTRY CLUB 501	AVENTURA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change / Addition
V	GOODMAN, JERI	6265 NW 23 WAY	BOCA RATON, FL. 33496	☒ Change
P	GOODMAN, MARTY	6265 NW 23 WAY	BOCA RATON, FL. 33496	☒ Change

14. I do hereby certify that the information supplied with this filing is voluntary, 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: Marty Goodman Pres. MARTY GOODMAN 5-10-95

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

Daytime Phone #: 305-935-3945

0197136 CP