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 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H74021 (7)

1. Corporate Name
EKIN, INC.

Principal Place of Business
1892 KENTUCKY AVE
WINTER PARK FL 32789-4529

Mailing Address
1705 LYNDALE BLVD.
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1985
3a. Date of Last Report: 08/24/1994
4. FEI Number: 59-2779806 — 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 1705 LYNDALE BLVD.
22 Suite, Apt. # etc. MAITLAND, FL.
23 City & State
24 Zip 32751 25 Country USA

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

9. Name and Address of Current Registered Agent

TORRUELLA, TANIA
1705 LYNDALE BLVD.
MAITLAND FL 32751

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	PD
NAME	TORRUELLA, TANIA
STREET ADDRESS	1705 LYNDALE BLVD
CITY-ST-ZIP	MAITLAND FL
TITLE	VPD
NAME	YOUNG, KERRY
STREET ADDRESS	1705 LYNDALE BLVD.
CITY-ST-ZIP	MAITLAND 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 (each entry: ☐ Change ☐ Addition)

1 TITLE	
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	
6 NAME	
6 STREET ADDRESS	
6 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(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: [signature] 5-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE
TANIA M. TORRUELLA
Daytime Phone #: 407-647-1951

0042155 CP

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Sandra B. Mortham
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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H74727 (9)

1. Corporation Name

FINNELL & HAWKINS, P.A.

Principal Place of Business	Mailing Address
11265 S. HWY 441 ORLANDO FL 32837-9208	11265 S. HWY 441 ORLANDO FL 32837-9208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1985
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2590096 — 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 or mortgages ... Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FINNELL, GLENN M.
11265 S. HWY 441
ORLANDO FL 32821

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	DP
NAME	FINNELL, GLENN M.
STREET ADDRESS	11265 S. HWY 441
CITY-ST-ZIP	ORLANDO FL
TITLE	DST
NAME	HAWKINS, GENYE E.
STREET ADDRESS	11265 S. HWY 441
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: Genye E. Hawkins Genye E Hawkins 5/18/95 (407) 855-1297

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

0063360 CP

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

DOCUMENT # H75136 (2)

1. Corporation Name

RAVA SAIL, INC.

Principal Place of Business

1124 BEARTICE AVENUE
TITUSVILLE FL 32780

Mailing Address

1124 BEARTICE AVENUE
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/09/1985	06/17/1994

4. FEI Number: 59-2612861 ☐ 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] — 2a. Mailing Address [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

ALLEN, RONALD W.
1124 BEATRICE AVNEUE
TITUSVILLE FL 32780

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ALLEN, RONALD W.	NAME	
STREET ADDRESS	1124 BEATRICE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
TITLE	VST	TITLE	☐ Change ☐ Addition
NAME	ALLEN, VICKI C.	NAME	
STREET ADDRESS	1124 BEATRICE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ALLEN, VICKI C.	NAME	
STREET ADDRESS	1124 BEATRICE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: Vicki C. Allen VICKI C. ALLEN 5-15-95 407-268-2768

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

0410044 FP

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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H75339** **(2)**

1. Corporation Name
OREAL AND MCDONALD, INC.

Principal Place of Business	Mailing Address
4331 RAVENSWOOD RD FT. LAUDERDALE FL 33312	4331 RAVENSWOOD RD FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1985**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
(24) (25) (29) (30)

4. FEI Number: **59-2583820** — 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. Is this corporation a small business corporation as defined in section 1244(c) of the Internal Revenue Code? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OREAL, HENRY J.
77 SOUTH BIRCH RD.
SUITE 206
FT. LAUDERDALE FL 33316

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 607.1508, 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		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
(01) TITLE	PD	(01) TITLE ☐ Change ☐ Addition
(02) NAME	OREAL, HENRY J.	(02) NAME
(03) STREET ADDRESS	77 SOUTH BIRCH RD.	(03) STREET ADDRESS
(04) CITY ST ZIP	FT. LAUDERDALE FL 33316	(04) CITY ST ZIP
(05) TITLE	VD	(05) TITLE ☐ Change ☐ Addition
(06) NAME	MCDONALD, BURTON W.	(06) NAME
(07) STREET ADDRESS	301 S.E. 3RD TERRACE	(07) STREET ADDRESS
(08) CITY ST ZIP	DANIA FL 33316	(08) CITY ST ZIP
(09) TITLE		(09) TITLE ☐ Change ☐ Addition
(10) NAME		(10) NAME
(11) STREET ADDRESS		(11) STREET ADDRESS
(12) CITY ST ZIP		(12) CITY ST ZIP
(13) TITLE		(13) TITLE ☐ Change ☐ Addition
(14) NAME		(14) NAME
(15) STREET ADDRESS		(15) STREET ADDRESS
(16) CITY ST ZIP		(16) CITY ST ZIP
(17) TITLE		(17) TITLE ☐ Change ☐ Addition
(18) NAME		(18) NAME
(19) STREET ADDRESS		(19) STREET ADDRESS
(20) CITY ST ZIP		(20) CITY ST ZIP
(21) TITLE		(21) TITLE ☐ Change ☐ Addition
(22) NAME		(22) NAME
(23) STREET ADDRESS		(23) STREET ADDRESS
(24) CITY ST ZIP		(24) CITY ST ZIP

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: _____ 5-18-95 305-584-1637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry J. Oreal

0221170 CP