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 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H89180** **(4)**

1. Corporation Name

ATA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4012 W.LINEBAUGH TAMPA FL 33624 US	4012 W.LINEBAUGH TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1985**

3a. Date of Last Report: **05/11/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — County — 25 / 30

4. FEI Number: **59-2913730** — 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 filing for an exemption under 220.1116 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALBANESE, PAT P.
12914 GOLFCREST TERRACE
TAMPA FL 33624

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 607.1502 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. The Board 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. OFFICER AND DIRECTOR

121	PST
122 NAME	ALBANESE, VINCENT A.
123 STREET ADDRESS	12914 GOLFCREST TERR
124 CITY-ST-ZIP	TAMPA FL
125	
126 NAME	
127 STREET ADDRESS	
128 CITY-ST-ZIP	
129	
130 NAME	
131 STREET ADDRESS	
132 CITY-ST-ZIP	
133	
134 NAME	
135 STREET ADDRESS	
136 CITY-ST-ZIP	
137	
138 NAME	
139 STREET ADDRESS	
140 CITY-ST-ZIP	
141	
142 NAME	
143 STREET ADDRESS	
144 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

151	☐ Change ☐ Addition
152 NAME	
153 STREET ADDRESS	
154 CITY-ST-ZIP	
155	☐ Change ☐ Addition
156 NAME	
157 STREET ADDRESS	
158 CITY-ST-ZIP	
159	☐ Change ☐ Addition
160 NAME	
161 STREET ADDRESS	
162 CITY-ST-ZIP	
163	☐ Change ☐ Addition
164 NAME	
165 STREET ADDRESS	
166 CITY-ST-ZIP	
167	☐ Change ☐ Addition
168 NAME	
169 STREET ADDRESS	
170 CITY-ST-ZIP	
171	☐ Change ☐ Addition
172 NAME	
173 STREET ADDRESS	
174 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 with an arrow or in an attached and signed with an arrow.

SIGNATURE: Vincent A Albanese P.S.T. — 5-18-95 — 813-961-2006

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

0300883 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

DOCUMENT # **H89339** **(6)**

1. Corporate Name

MAJESTIC HOMES AND REALTY OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
ROUTE 2, BOX 4640-8 SPRING CREEK FL 32327	ROUTE 2, BOX 4640-8 SPRING CREEK FL 32327

(Please type or print in this space)

3. Date Incorporated or Qualified: **12/11/1985**
3a. Date of Last Report: **08/02/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2617146** — Applied For / Not Applicable
Suite, Apt. # etc. — 22 / 27
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
Zip / County — 24 / 25 / 29 / 30
8. Does corporation have, or intend to have, 100 or fewer employees and $1 million or less in assets, as described in Section 1244 of the Internal Revenue Code and Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUBER, BRAD RT 5, BOX 3951 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 Section 607.1505, 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 607.325, Florida Statutes.

SIGNATURE: Brad Suber President — 5-10-95
(Corporate Officer's Signature, Capacity/Title, and Date) (Registered Agent's Signature and Date)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Please type or print in this space)	
Title	PTD	Title	[ ] Change [ ] Addition
Name	SUBER, BRAD	Name	
Street Address	RTE. 2, BOX 4640-8	Street Address	
City-State-Zip	SPRING CREEK FL	City-State-Zip	
Title	VS	Title	[ ] Change [ ] Addition
Name	BARWICK, KIM	Name	
Street Address	RT. 5, BOX 3951	Street Address	
City-State-Zip	TALLAHASSEE FL	City-State-Zip	
Title		Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	[ ] Change [ ] Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I hereby certify that the information supplied with this report is accurate, not required for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that this report complies with the applicable provisions of Florida Statutes. I also agree to amend this report within 90 days if there is any change in the information required to be contained in the next annual report, to the extent that such information is not reported herein.

SIGNATURE: Brad Suber Pres. — 5-10-55
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0028271 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # **H92804** **(4)**

1. Current Corporate Name
SUNRISE DIVERSIFIED, INC.

Principal Place of Business	Mailing Address
1000 US HWY.17 SOUTH P.O.BOX 717 EAST PALATKA FL 32131	1000 US HWY.17 SOUTH P.O.BOX 717 EAST PALATKA FL 32131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1986**	3a. Date of Last Report: **05/11/1994**
4. FEI Number: **59-2620447**	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
7. Check if Corporate Name Contains Reference to Profession Under Chapter 621, Florida Statutes	

21 Principal Place of Business	26 Mailing Address
228 U.S. Hwy. 17 S.	P.O. Box 717
22 Suite, Apt. # or P.O. Box	27 Suite, Apt. # or P.O. Box
23 City & State	28 City & State
EAST PALATKA, FL	EAST PALATKA, FL
24 32131 25 USA	29 32131 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEDSTROM, RONALD G. 701 MAGNOLIA AVE. EAST PALATKA FL 32131	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 607.0505, Florida Statutes, the undersigned corporation submits the following statement in the designation of registered office/registered agent, effective upon the qualification of the corporation to do business in Florida or the appointment of a registered agent and his acceptance of the appointment.

12. OFFICER AND DIRECTOR

	PT
NAME	HEDSTROM, RONALD G.
ADDRESS	701 MAGNOLIA AVE.
CITY/ST	E.PALATKA FL
	S
NAME	HEDSTROM, CHERYL S.
ADDRESS	701 MAGNOLIA AVE.
CITY/ST	E.PALATKA FL

13. ADDITIONAL CHANGES TO BE MADE AT THIS TIME

	PT	☒ Change ☐ Add/Del
NAME	HEDSTROM, RONALD G.	
ADDRESS	123 MAGNOLIA DR.	
CITY/ST	EAST PALATKA, FL 32131	
	S	☒ Change ☐ Add/Del
NAME	~~CHERYL~~ HEDSTROM, CHERYL S.	
ADDRESS	123 MAGNOLIA DR.	
CITY/ST	EAST PALATKA, FL 32131	
		☐ Change ☐ Add/Del
NAME		
ADDRESS		
CITY/ST		
		☐ Change ☐ Add/Del
NAME		
ADDRESS		
CITY/ST		
		☐ Change ☐ Add/Del
NAME		
ADDRESS		
CITY/ST		

14. To the best of my knowledge and belief, this report is complete and accurate and filed in accordance with Florida Statutes. I further certify that the corporation has complied with the provisions of chapter 607, Florida Statutes, regarding the maintenance or appointment of a registered agent in this state.

SIGNATURE: RONALD G. HEDSTROM 5/18/95 904-328-0767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone

0403642 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
... 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H93823 (3)

1. Corporation Name

DARRELL'S DOCKS, INC.

Principal Place of Business	Mailing Address
1365 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931	1365 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931

3. Date Incorporated or Qualified: **01/14/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2645454** ☐ 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 ... Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

JACOBY, KENNETH N.
1423 S.PATRICK DRIVE
INDIAN HARBOUR BCH. FL 32937

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	PD
NAME	HUFF, DARRELL
STREET ADDRESS	1365 S ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH FL
TITLE	SD
NAME	HUFF, TRACEE
STREET ADDRESS	1365 S. ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH 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

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
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(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Tracee Shaun Huff TRACEE SHAUN HUFF 5/1/95 407-784/6066

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

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

FILED
95 MAY 22 PM 10:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H94315** **(9)**

1. Corporate Name
JACOB JOSEPH, M.D., P.A.

Principal Place of Business	Mailing Address
% JACOB JOSEPH 300 RIVERSIDE DRIVE EAST, SUITE 1400 BRADENTON FL 34208	% JACOB JOSEPH 2820 MANATEE AVE. W. BRADENTON FL 34205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/13/1986**
3a. Date of Last Report: **07/14/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **63-0830168** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Limited Partnership Certificate Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP — 24 County — 25 ZIP — 29 County — 30

8. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSEPH, JACOB
300 RIVERSIDE DRIVE EAST
SUITE 1400
BRADENTON FL 33508

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 607.1505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and/or changing and/or adding the corporate officers and directors. I hereby accept the appointment as registered agent (if new agent) and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITION, CHANGE, DELETION, AND/OR NAME/ADDRESS CHANGE
DP JOSEPH, JACOB 2820 MANATEE AVE. W. BRADENTON FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I understand that the fee due for this report must be received by the Department of State by May 1 of the year in which this report is due. I understand that a $400.00 late fee will be added to the fee if the report is not received by May 1. I understand that the Department of State will mail a renewal notice to the corporation at the address listed in item 2 above. I understand that the failure to receive the renewal notice does not relieve the corporation of its duty to file the report and pay the fee by May 1. I understand that the Department of State will mail the annual report notice only to the address listed in item 2 above. I understand that any changes of address for the annual report notice must be received by the Department of State by May 1. I understand that the Department of State will mail the annual report notice only to the address listed in item 2 above. I understand that any changes of address for the annual report notice must be received by the Department of State by May 1.

SIGNATURE: Jacob Joseph 5/15/95
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

JACOB JOSEPH

0337098 CP