FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # J07951 (3)

1. AMERICAN FINANCIAL REALTY GROUP, INC.

Principal Place of Business:
% WACKS, KRUZEL & BRASS, P.A.
8181 W. BROWARD BLVD., SUITE 350
PLANTATION FL 33324

Mailing Address:
% WACKS, KRUZEL & BRASS, P.A.
8181 W. BROWARD BLVD., SUITE 350
PLANTATION FL 33324

(Document Will Be Returned to this Address)

3. Date Incorporated/Qualified: 04/08/1986
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21
22
23
24 25

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

4. FEI Number: 59-2669824
☐ 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

6. Is organization owned by a foreign entity as defined in Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRUZEL, DAVID
8181 W BROWARD BLVD
STE 350
PLANTATION FL 33324

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 607.0501, Florida Statutes, the undersigned 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(s) for Registered Agent, if changing | Signature(s) for Registered Agent, if changing

12. OFFICERS AND DIRECTORS	13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS
P WACKS, EDWARD 8181 W BROWARD BL #350 PLANTATION FL	☐ Change ☐ Addition
S KRUZEL, DAVID 8181 W BROWARD BL #350 PLANTATION FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information contained herein is accurate and I am duly authorized to sign this report pursuant to Section 607.1622, Florida Statutes. I further understand that the penalty for knowingly signing any document that I know contains false information is a misdemeanor of the second degree, punishable as provided in Section 775.082 or 775.083, Florida Statutes.

SIGNATURE: [signature] David M Kruzel, Secretary — 4-26-95 — 305-452-2400

* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0232106 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 # **J08244** **(2)**

1. Corporate Name

MORGRET, INC.

Principal Place of Business	Mailing Address
5309 SUNRISE LANE PO BOX 1272 HOLMES BEACH FL 34218	5309 SUNRISE LANE PO BOX 1272 HOLMES BEACH FL 34218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1986**	3a. Date of Last Report: **01/20/1994**
4. FEI Number: **59-2688227**	☐ 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 to manage its under S. 790.06, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORGRET, CHARLES O. **5309 SUNRISE LANE** **HOLMES BEACH FL 34218**	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 607.1007, Florida Statutes, this domestic corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR
TITLE: PTD NAME: MORGRET, CHARLES O. STREET ADDRESS: 5309 SUNRISE LANE CITY-ST-ZIP: HOLMES BEACH FL	☐ Change ☐ Addition
TITLE: DVS NAME: MORGRET, DOROTHY D.C. STREET ADDRESS: 5309 SUNRISE LANE CITY-ST-ZIP: HOLMES BEACH FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in this report is currently qualified to do business in Florida and that my name appears above, or on an attachment with an additional title, as 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 above, or on an attachment with an additional title, as an officer or director of any limited liability company or foreign limited liability company authorized to transact business in Florida, or the managing partner or general partner of any limited partnership or foreign limited partnership authorized to transact business in Florida.

SIGNATURE: Charles O. Morgret 4/29/95 (813) 778-4004

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

0484422 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 APPROVED

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J08697 (1)

1. Corporation Name
PEGASUS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1800 SECOND ST STE 795-H SARASOTA FL 34236 US	1800 SECOND ST STE 795-H SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1986
3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-2692123 — 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) — 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**

WOODSON, MARLENE E.
12 TIDY ISLAND BLVD.
BRADENTON FL 34210

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	DP
NAME	WOODSON, MARLENE E.
STREET ADDRESS	12 TIDY ISLAND BLVD.
CITY-ST-ZIP	BRADENTON FL
TITLE	VP
NAME	WOODSON, BERT
STREET ADDRESS	671 GULF BAY
CITY-ST-ZIP	LONGBOAT KEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurately 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 the 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: *Marlene Woodson Howard*   *5/1/95*   *813-952-9617*

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

0341043 CP