FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

5-1-95 B - FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT
1995

DOCUMENT # **J40610** **(4)**

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
QUANTUM MARKETING, INC.

Principal Place of Business:	Mailing Address:
3606 CRAFTSMAN BLVD LAKELAND FL 33803 US	3606 CRAFTSMAN BLVD LAKELAND FL 33803 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1986**	3a. Date of Last Report: **05/01/1994**
2. Principal Place of Business 21	2a. Mailing Address 26
Suite Apt. # 22	Suite Apt. # 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30
4. FEI Number: **59-2731668**	☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIS, LARRELL I. 3606 CRAFTSMAN BLVD. LAKELAND FL 33803	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, 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. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if)	
01 Title	PD	01 Title	☒ Change ☐ Addition
02 Name	WILLIS, LARRELL I.	02 Name	
03 Street Address	1415 DAWN HEIGHTS	03 Street Address	411 Lone Palm
04 City, St, Zip	LAKELAND FL	04 City, St, Zip	Lakeland, FL 33811
05 Title	DVS	05 Title	☒ Change ☐ Addition
06 Name	WILLIS, JOHN D.	06 Name	
07 Street Address	1511 DAWN HEIGHTS	07 Street Address	1222 Merlyn Street
08 City, St, Zip	LAKELAND FL	08 City, St, Zip	Lakeland, FL 33813
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 do hereby certify that the information supplied with this filing 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 appropriate designation.

SIGNATURE: Larrell I. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

Larrell I. Willis, President

4/27/95
Date

(813)665-3338
Daytime Phone #

0313202 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED

FILED

DOCUMENT # J43233 (2)

1. Corporate Name

A.C.L.F. OF LANTANA, INC.

Principal Place of Business: 1645 PALM BEACH LAKES BLVD, SUITE 400, WEST PALM BEACH FL 33401, US

Mailing Address: 1645 PALM BEACH LAKES BLVD, SUITE 400, WEST PALM BEACH FL 33401, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1986

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2749977 — 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 intangible tax under Florida Statute: [X] Yes [ ] No

2. Principal Office Address: 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

SCHWENCKE,KERRY R.
1645 PALM BEACH LAKES BLVD.
SUITGE 290
WEST PALM BEACH FL 33401

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

Field	
TITLE	PD
NAME	HAMILTON, WILLIAM
STREET ADDRESS	1645 PALM BEACH LAKES BLVD
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	STD
NAME	SANTANGELO, FRANCIS R
STREET ADDRESS	1645 PALM BEACH LAKES BLVD
CITY-ST-ZIP	W. PALM 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

#	Field	[ ] Change [ ] Addition
1	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
3	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
4	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
5	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
6	TITLE / NAME / STREET ADDRESS / 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)(a), 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: William B Hamilton — WilliamBHamilton — 5/1/95 — (407)688-9555

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

0242870 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

APR [illegible]
[illegible]
95 MAY -1 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43658** **(0)**

1. Corporate Name
A.C.L.F. (HAMILTON), INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1645 PALM BEACH LAKES BOULEVARD #400 WEST PALM BEACH FL 33401	1645 PALM BEACH LAKES BOULEVARD #400 WEST PALM BEACH FL 33401

3. Date Incorporated/Qualified: **11/19/1986**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2829978** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22
Suite, Apt. # etc. — 27

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

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. This corporation is subject to income tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWENCKE, KERRY R. 1645 PALM BEACH LAKES, #720 WEST PALM BEACH FL 33401	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 607.0505, 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 DIRECTORS
PVD HAMILTON, WILLIAM 1645 PALM BEACH LAKES, #400 WEST PALM BEACH FL 33401	☐ Change ☐ Addition
STD SANTANGELO, FRANCIS 1645 PALM BEACH LAKES, #400 WEST PALM BEACH FL 33401	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate. For profit corporations only: I am a director or officer 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: William B. Hamilton — May 1, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date

0242935 CP