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 # J48015 (8)

1. Corporation Name
RECORD KEEPERS, INC.

Principal Place of Business	Mailing Address
5200 N FEDERAL HIGHWAY #2 BOX 1168 FORT LAUDERDALE FL 33308	5200 N FEDERAL HIGHWAY #2 BOX 1168 FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1986	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2765388	☐ 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	2a. Mailing Address
21	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	10. Name and Address of New Registered Agent
GOFREED, HERBER J. 1330 W. TERRA MAR DR. POMPANO BEACH FL 33062	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	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	GOFREED, RUTH	1.2 NAME	
STREET ADDRESS	1330 W TERRA MAR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	VERGER, BRIAN	2.2 NAME	
STREET ADDRESS	1985 SE 16TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	VERGER, SUSAN	3.2 NAME	
STREET ADDRESS	1985 SE 16TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: B. Verger Pres. — 5-19-95 — 305-730-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
B. VERGER, PRES.

0213787 CP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J48213** **(9)**

1. Corporation Name

SOUTHERN PROPERTIES AND CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 756 1300 THOMASWOOD DRIVE TARPON SPRINGS FL 34688-0756 US	% MICHAEL P. BIST 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1986**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-2767780** [ ] 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. Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	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	10. Name and Address of New Registered Agent
BIST, MICHAEL P. **1300 THOMASWOOD DRIVE** **TALLAHASSEE FL 32312**	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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	**PVTS**
NAME	**WEISKOPF, R. DANIEL**
STREET ADDRESS	**15 W. WHITCOMB BLVD.**
CITY-ST-ZIP	**TARPON SPRINGS 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 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 my address.

SIGNATURE: R. Daniel Weiskopf R. DANIEL WEISKOPF 5/19/95 813/937-3704

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

0026001 CP

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **J48235** **(2)**

1. Corporation Name
BRASWELL JEWELERS, INC.

Principal Place of Business	Mailing Address
975 BEAR ISL CIR WEST PALM BEACH FL 33409 US	P O BOX 2904 PALM BCH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1986**
3a. Date of Last Report: **06/16/1994**

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

4. FEI Number: **59-2747479** ☐ 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

9. Name and Address of Current Registered Agent

BRASWELL, DANIEL E
975 BEAR ISL CIR
W PALM BCH FL 33409

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 607.0122 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DPS	1 TITLE	☐ Change ☐ Addition
1 NAME	BRASWELL, DANIEL E.	1 NAME	
1 STREET ADDRESS	975 BEAR ISL CIR	1 STREET ADDRESS	
1 CITY ST ZIP	W PALM BCH FL	1 CITY ST ZIP	
2 TITLE		2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY ST ZIP		2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 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 if changed, or on an attachment with an address.

SIGNATURE: Daniel E. Braswell Daniel E. Braswell 5/16/95 (407) 683-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0430007 FP