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
... 22 PM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J56217 (9)

1. Corporate Name
JAVJO, INC.

Principal Place of Business:
~~C/O FLORIDA REGISTERED AGENTS INC~~
~~100 SOUTHEAST 2ND STREET 3000~~
~~MIAMI FL 33131~~
~~US~~

Mailing Address:
~~C/O FLORIDA REGISTERED AGENTS INC~~
~~100 SOUTHEAST 2ND STREET 3000~~
~~MIAMI FL 33131~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1987
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21 4950 SW 8th St
22 Suite 306
23 Miami, Florida
24 33134 25 U.S.

2a. Mailing Address
26 4950 SW 8th St.
27 Suite 306
28 Miami, Florida
29 33134 30 U.S.

4. FEI Number: 59-1766658 [ ] 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. 199.052 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
~~FLORIDA REGISTERED AGENTS INC~~
~~100 SOUTHEAST 2ND STREET 3000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S Bayshore Drive
83 Suite 1600
84 City: Miami 85 FL Zip Code: 33133

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 the position.

A-Z REGISTERED AGENT CORPORATION
SIGNATURE By: Justin T. Wilson
Justin T. Wilson, Secretary

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SALAZAR, JOSE A., M.D.
STREET ADDRESS 3661 S. MIAMI AVE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS
[ ] Change [ ] Addition

14. I 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: J. A. Salazar President 5/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jose A. Salazar

0127681 CP

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ANNUAL REPORT
1995

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Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 APR 28 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J56850** **(7)**

1. Corporate Name
THE REAL ESTATE BOOK OF THE FLORIDA KEYS, INC.

Principal Place of Business
75000 OVERSEAS HWY.
P. O. BOX 292
ISLAMORADA FL 33036

Mailing Address
75000 OVERSEAS HWY.
P. O. BOX 292
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **02/12/1987**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21 83 W. PLAZA GRANADA
State, Apt. # or
22 ISLAMORADA, FL
City & State
23
Zip
24 33036
County
25 MONROE

2a. Mailing Address
26 P.O. BOX 292
State, Apt. # or
27
City & State
28 ISLAMORADA, FL
Zip
29 33036
County
30 MONROE

4. FEI Number: **59-2809143**
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. 199.023, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAUROWSKI, PEGGY ANN
75000 OVERSEAS HWY
P. O. BOX 292
ISLAMORADA FL 33036

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 607.325, 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. 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 DIRECTORS

D
PAUROWSKI, PEGGY ANN
75000 OVERSEAS HWY
ISLAMORADA FL

13. ADDITIONS, CHANGES OR DELETIONS (Enter Type of Change)

P/D
PAUROWSKI, PEGGY ANN
83 W PLAZA GRANADA
ISLAMORADA, FL 33036

14. I hereby certify that the information contained herein, including any required alphabetical list of officers and directors, is true and accurate and that, for profit corporations, the corporation is authorized to transact business or conduct affairs in the State of Florida. I further certify that the corporation has paid all fees due to the Department of State that are required to be paid with this report.

SIGNATURE: Peggy Paurowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/95
Date

305-664-8346
Daytime Phone Number

0117518 CF

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

APPROVED
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J57493** **(5)**

1. Corporation Name

TU. JOINT VENTURES, INC.

Principal Place of Business	Mailing Address
1058 EIGHTH AVENUE SOUTH NAPLES FL 33940	1058 EIGHTH AVENUE SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1987	3a. Date of Last Report: 05/10/1994
4. FEI Number: 28-6262218	☐ 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES FL 33940

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 607.1501, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (in 12)	
Title	P	Title	☐ Change ☐ Addition
Name	ELLIOTT, LEWIS	Name	
Street Address	1058 8TH AVE. S.	Street Address	
City-St-Zip	NAPLES FL	City-St-Zip	
Title	V	Title	☐ Change ☐ Addition
Name	ULLRICH, CARL F.	Name	
Street Address	1500 TERRACE AVE.	Street Address	
City-St-Zip	NAPLES 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	
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Lewis Elliott 5/10/95 1-813-262-2217

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

0038243 CR