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 -1 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J73034 (7)

1. Corporation Name
JORANN, INC.

Principal Office Address
% HARVEY MORANTZ
11641 SW 12TH ST.
PEMBROKE PINES FL 33025

Mailing Address
% HARVEY MORANTZ
11641 SW 12TH ST.
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1987
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2804340 — 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

MORANTZ, HARVEY
11641 SW 12TH ST.
PEMBROKE PINES FL 33025

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1-1 TITLE	☐ Change ☐ Addition
NAME	MORANTZ, HARVEY	1-2 NAME	
STREET ADDRESS	11641 SW 12TH ST.	1-3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1-4 CITY-ST-ZIP	
TITLE	PD	2-1 TITLE	☐ Change ☐ Addition
NAME	MORANTZ, ROSANNE	2-2 NAME	
STREET ADDRESS	11641 S.W. 12TH STREET	2-3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2-4 CITY-ST-ZIP	
TITLE	T	3-1 TITLE	T — ☒ Change ☐ Addition
NAME	MORANTZ, MICHAEL	3-2 NAME	Morantz,Michael
STREET ADDRESS	11641 S.W. 12 STREET	3-3 STREET ADDRESS	7525 N.W.61 Terrace #2903
CITY-ST-ZIP	PEMBROKE PINES FL	3-4 CITY-ST-ZIP	Parkland,FL
TITLE	S	4-1 TITLE	☐ Change ☐ Addition
NAME	MORANTZ, LISA	4-2 NAME	
STREET ADDRESS	11641 SW 12 ST	4-3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	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 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: Harvey Morantz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harvey Morantz

4/1/95 — DATE
305 436 8188 — DAYTIME PHONE #

0007863 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY
1995

DOCUMENT # **J73161** **(8)**

1. Corporate Name

KIMSCO, INC.

Principal Place of Business	Mailing Address
% KATHLEEN KURTIS 2168 VIOLA DRIVE CLEARWATER FL 34624	% KATHLEEN KURTIS 2168 VIOLA DRIVE CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1987**

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

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Rt. — 22 / 27

City & State — 23 / 28

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

4. FEI Number: **59-2815952** ☐ 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 lability for intangible tax under § 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KURTIS, KATHLEEN
2168 VIOLA DRIVE
CLEARWATER FL 34624

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 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathleen Kurtis CV YUV 5-1-95

(If changing registered agent, registered agent must sign here.) (If Registered Agent is not an individual, see instructions.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	KURTIS, KATHLEEN	12 NAME	
13 STREET ADDRESS	2168 VIOLA DRIVE	13 STREET ADDRESS	
14 CITY ST ZIP	CLEARWATER FL	14 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	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Kathleen Kurtis 5-1-95 5360987

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

0359255 CP