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

UNAPPROVED AND FILED
[illegible] 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J74235** **(9)**

1. Corporation Name
FLORIDA PREFERRED PROPERTIES, INC.

Principal Place of Business	Mailing Address
5807 N. 56TH STREET TAMPA FL 33617 US	5807 N. 56TH STREET TAMPA FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1987**
3a. Date of Last Report: **09/15/1994**

2. Principal Place of Business: 25 **5103 Five acre rd.**
Suite, Apt. #, etc.: 22
City & State: 23 **Plant City, Fla**
Zip: 24 **33565** County: 25 **Hillsborough**

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

4. FEI Number: **59-2825963** ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EAKER, H. LEE 5103 Five acre Rd.
812 N. BANNOCKBURN Plant City, Florida
TEMPLE TERRACE FL 33617 33565

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01	VPD	11 TITLE	☐ Change ☐ Addition
NAME	EAKER, PAULA	12 NAME	
STREET ADDRESS	812 BANNOCKBURN AVE.	13 STREET ADDRESS	
CITY ST ZIP	TEMPLE TERRACE FL	14 CITY ST ZIP	
02	STD	21 TITLE	☐ Change ☐ Addition
NAME	EAKER, SHIRLEY	22 NAME	
STREET ADDRESS	812 BANNOCKBURN AVE.	23 STREET ADDRESS	
CITY ST ZIP	TEMPLE TERRACE FL	24 CITY ST ZIP	
03	PD	31 TITLE	☐ Change ☐ Addition
NAME	EAKER, H. LEE	32 NAME	
STREET ADDRESS	812 BANNOCKBURN AVE.	33 STREET ADDRESS	
CITY ST ZIP	TEMPLE TERRACE FL	34 CITY ST ZIP	
04		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
05		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
06		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: H. Lee Eaker — 5/19/95 — 813-986-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0294708 CP

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CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **J74962** **(8)**

1. Corporation Name
JOYCO, INC.

Principal Place of Business	Mailing Address
C/O J.H. LONDONO 106 SW 10TH ST. GAINESVILLE FL 32601 US	C/O J. H. LONDONO 106 SW 10TH ST. GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/29/1987**
3a. Date of Last Report: **02/02/1994**

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

4. FEI Number: **59-2854957** ☐ 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	10. Name and Address of New Registered Agent
LONDONO, J.H. 106 SW 10TH ST. GAINESVILLE FL 32601	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(s) 607.1(4), and/or 607.1605, 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(s) 607.0505, Florida Statutes.

SIGNATURE (Typed Name and Title of Registered Agent Appointed) (If Applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	P	1 Title	☐ Change ☐ Addition
Name	LONDONO, J.H.	2 Name	
Street Address	106 SW 10TH ST.	3 Street Address	
City-St-Zip	GAINESVILLE FL	4 City-St-Zip	
Title		1 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		3 Street Address	
City-St-Zip		4 City-St-Zip	
Title		1 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		3 Street Address	
City-St-Zip		4 City-St-Zip	
Title		1 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		3 Street Address	
City-St-Zip		4 City-St-Zip	
Title		1 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		3 Street Address	
City-St-Zip		4 City-St-Zip	
Title		1 Title	☐ Change ☐ Addition
Name		2 Name	
Street Address		3 Street Address	
City-St-Zip		4 City-St-Zip	

14. I hereby certify that the information supplied with this report is complete, accurate and current, and that all fees due pursuant to Section(s) 607.193, Florida Statutes, have been paid. I further certify that the corporation named in this report is duly authorized and has not dissolved or withdrawn. I also certify that I am familiar with and authorized to sign this report on behalf of the corporation or limited liability company as required by Chapter 607, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: J.H. LONDONO 5/1/95 904- 373-3310

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF CORPORATION OR LIMITED LIABILITY COMPANY — Date — Daytime Phone #

J.H. LONDONO 5/1/95

0032674 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] 10: 15

[illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # **J75533** **(6)**

1. Corporation Name

EMCOR PRODUCTS CORP.

Principal Place of Business	Mailing Address
6560 POWERLINE ROAD FT LAUDERDALE FL 33309	P.O. BOX 8126 FORT LAUDERDALE FL 33310-8126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1987	3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0002323	☐ 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. [illegible] 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 [illegible] 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 [illegible] Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12
TITLE	PD	☐ Change ☐ Addition
NAME	PAPPALARDO, GERALD P.	
STREET ADDRESS	116 FIESTA WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	☐ Change ☐ Addition
NAME	ANDREWS, JOHN F.	
STREET ADDRESS	25 WOODCREST DR.	
CITY-ST-ZIP	BATAVIA NY	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report 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, added or deleted.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95
Date

0433135 FP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J76881** **(8)**

1. Corporate Name

CLUB MERIDIAN, INC.

Principal Address

2250 S.W. 3 AVE.
4TH FL
MIAMI FL 33129

Mailing Address

2250 S.W. 3 AVE.
4TH FL
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **06/08/1987**	3a. Date of Last Report: **05/01/1994**
21 2. Previous Name of Corporation	26 2a. Mailing Address
4. FEI Number: **59-2833298**	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

TUNKEY, WILLIAM
2250 S.W. 3RD AVE.
MIAMI BEACH FL 33129

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

SIGNATURE (Typed, Printed or Written Name of Registered Agent Appointed Below) (If Registered Agent is an Individual) (If Registered Agent is a Corporation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition)
TITLE	PS	
NAME	TUNKEY, WILLIAM	
STREET ADDRESS	2250 SW 3RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	
NAME	AMSEL, ROBERT G.	
STREET ADDRESS	2250 SW 3RD AVE.	
CITY-ST-ZIP	MIAMI 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		

14. To the best of my knowledge, I certify that the information contained herein, which is required to be typed or printed as indicated on this 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 with an asterisk (*) to the left of the name.

SIGNATURE: [signature] 5/17/95 305 2895 50

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

0188471 CP