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 # J93951 (8)

1. Current Name
ANN AND JOHN HAIR SALON, INC.

Principal Address
% JOHN THOMAS BROWN
1166 E BLUE HERON BLVD #1
RIVIERA BEACH FL 33404

Mailing Address
% JOHN THOMAS BROWN
1166 E BLUE HERON BLVD #1
RIVIERA BEACH FL 33404

FEI Number (Applied For / Not Applicable)
59-2842438

3. Date of Incorporation/Qualification
09/24/1987

3a. Date of Last Report
03/15/1994

5. Certificate of Status Desired — $8.75 Additional Fee Required

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

7. Is this corporation a small business corporation as defined in Section 1244(c) of the Internal Revenue Code of 1954? Yes / No

9. Name and Address of Current Registered Agent

BROWN, JOHN THOMAS
1166 E. BLUE HERON BLVD.
#1
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to Section 607.1905, Florida Statutes, the undersigned corporation submits the following statement in connection with the designation of a registered office and registered agent in the State of Florida. The undersigned corporation is authorized to transact business in the State of Florida and desires to procure the appointment of a registered agent in the State of Florida to accept service of process within Florida.

12. Officers and Directors

D
BROWN, JOHN THOMAS
9184 MATSO DR.
LAKE PARK FL

D
ELDERD, ANN PATRICIA
480 SUNRISE WAY
JUNO BEACH FL

13. Additions, Changes to Officers and/or Directors

Change / Addition

14. I hereby certify that the information supplied with this report is true and accurate as of the date of this report. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I understand that the annual report must be delivered to the Department of State by the due date, and that if it is not, a late fee will be imposed. I am aware that the Department of State may dissolve this corporation administratively if the annual report and fee are not received by the due date.

SIGNATURE: JOHN THOMAS BROWN X President 5-19-95 407/627-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TELEPHONE NUMBER
John Thomas Brown

0244440 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J92934** **(5)**

1. Corporation Name
AAA SUPERIOR GLASS CO., INC.

Principal Place of Business	Mailing Address
% DONALD DIDONATO 6478-D SAN CASA DRIVE ENGLEWOOD FL 34224-9740	% DONALD DIDONATO 6478-D SAN CASA DRIVE ENGLEWOOD FL 34224-9740

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1987**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2842625** ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DIDONATO, DONALD
6478-D SAN CASA DRIVE
ENGLEWOOD FL 34224

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	P	11 TITLE	☐ Change ☑ Addition
NAME	DIDONATO, DONALD	12 NAME	
STREET ADDRESS	711 BUCKSKIN COURT	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	14 CITY-ST-ZIP	34223
TITLE	S	21 TITLE	☐ Change ☑ Addition
NAME	DIDONATO, POLLY	22 NAME	
STREET ADDRESS	711 BUCKSKIN COURT	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	24 CITY-ST-ZIP	34223
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Polly DiDonato POLLY DiDONATO Sec. 5/8/95 (813)474-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348430 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
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J94152** **(2)**

1. Corporation Name:

PRIVATE CLUB SERVICES, INC.

Principal Place of Business	Mailing Address
3030 LBJ FREEWAY P.O. BOX 819087 DALLAS TX 75381	3030 LBJ FREEWAY P.O. BOX 819087 DALLAS TX 75381

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1987**

3a. Date of Last Report: **02/17/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: County — 25:

Zip — 29: County — 30:

4. FEI Number: **75-2200419** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 [illegible], 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
TITLE	DS	☐ Change ☐ Addition
NAME	TAYLOR, TERRY A.	
STREET ADDRESS	3030 LBJ FRWY STE 700	
CITY-ST-ZIP	DALLAS TX	
TITLE	AT	☐ Change ☐ Addition
NAME	ZAMBIE, RAY H.	
STREET ADDRESS	3030 LBJ FRWY 700	
CITY-ST-ZIP	DALLAS TX	
TITLE	PD	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT, H	
STREET ADDRESS	3030 LBJ FREEWAY	
CITY-ST-ZIP	DALLAS TX	
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/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: Raymond F. Zimbe · Asst. Treasurer 5/10/95 (214) 888-7461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

030201D CP

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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

MAY 30 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J94188** **(6)**

1. Corporation Name
SPORT-STYLE ASSOCIATES, INC.

Principal Place of Business
GRAND NATIONAL PLAZA, SUITE 102
7021 GRAND NATIONAL DRIVE
ORLANDO FL 32819

Mailing Address
GRAND NATIONAL PLAZA, SUITE 102
7021 GRAND NATIONAL DRIVE
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1987**
3a. Date of Last Report: **04/05/1994**

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

4. FEI Number: **11-2391731** ☐ 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

7. This corporation was originally organized in Florida or qualified to do business in Florida? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, GREGORY M.
29 EAST PINE STREET
ORLANDO FL 32801

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 (Required when reinstating; Registered Agent's signature required when changing Registered Agent; optional otherwise)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DPS	1 TITLE	☐ Change ☐ Addition
2 NAME	MIRANDA, JOSEPH P., JR.	2 NAME	
3 STREET ADDRESS	7021 GRAND NATIONAL DR.	3 STREET ADDRESS	
4 CITY-ST-ZIP	ORLANDO FL	4 CITY-ST-ZIP	
5 TITLE	T	5 TITLE	☐ Change ☐ Addition
6 NAME	MIRANDA, JOSEPH P., JR.	6 NAME	
7 STREET ADDRESS	7021 GRAND NATIONAL DR.	7 STREET ADDRESS	
8 CITY-ST-ZIP	ORLANDO FL	8 CITY-ST-ZIP	
9 TITLE		9 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/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 serve 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 added on an attachment with an address.

SIGNATURE: Joseph P. Miranda 5/16/95 (407) 352 2737
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Phone #
JOSEPH P. MIRANDA

0082347 CP