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 # **K17238** **(2)**

1. Corporation Name
AMERICAN CONSTRUCTION SCHOOL, INC.

Principal Place of Business	Mailing Address
2418 SHERIDAN ST. **HOLLYWOOD FL 33020**	**2647 COOLIDGE ST.** **HOLLYWOOD FL 33020-1940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/08/1988**	3a. Date of Last Report: **10/05/1994**
4. FEI Number: **65-0048564**	☐ 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 (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) Country (30)

9. Name and Address of Current Registered Agent

WALTERS, THOMAS C.
1471 N.E. 170TH ST. APT 223A
NORTH MIAMI BEACH FL 33162

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 607.1908, 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 (if changing registered agent, registered agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
21 TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	WALTERS, EDWARD J	22 NAME	
STREET ADDRESS	2647 COOLIDGE ST	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	
25 TITLE	V	25 TITLE	☐ Change ☐ Addition
NAME	KLINGER, BARBARA	26 NAME	
STREET ADDRESS	2647 COOLIDGE ST	27 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	28 CITY-ST-ZIP	
29 TITLE		29 TITLE	☐ Change ☐ Addition
NAME		30 NAME	
STREET ADDRESS		31 STREET ADDRESS	
CITY-ST-ZIP		32 CITY-ST-ZIP	
33 TITLE		33 TITLE	☐ Change ☐ Addition
NAME		34 NAME	
STREET ADDRESS		35 STREET ADDRESS	
CITY-ST-ZIP		36 CITY-ST-ZIP	
37 TITLE		37 TITLE	☐ Change ☐ Addition
NAME		38 NAME	
STREET ADDRESS		39 STREET ADDRESS	
CITY-ST-ZIP		40 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 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 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 the 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: Edward J Walters 5/18/95 305-949-1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0081248 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 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K18932** **(9)**

1. Corporate Name
VEC, INC.

Principal Place of Business
777 E. 25TH STREET, #212
HIALEAH FL 33013

Mailing Address
777 E. 25TH STREET, #212
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1988**
3a. Date of Last Report: **03/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22 / 27

City & State — 23 / 28

ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: **65-0049379** ☐ 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

CUESTA, MANUEL B., M.D.
777 EAST 25TH STREET, #212
HIALEAH FL 33013

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 607.0501 and 607.1908, 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
Title	D	☐ Change ☐ Addition
Name	CUESTA, MANUEL	
Street Address	777 EAST 25TH ST., #212	
City-State-Zip	HIALEAH FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-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(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: Manuel B. Cuesta MD — 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0003224 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 ... 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K19509** **(4)**

1. Corporation Name
WILLIS CO2 SERVICE, INC.

Principal Place of Business	Mailing Address
3491 E. HINSON AVE P.O. BOX 425 HAINES CITY FL 33844	3491 E. HINSON AVE P.O. BOX 425 HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1988**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2855675** ☐ 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

WILLIS, DONNA JO
3491 E. HINSON AVE
HAINES CITY FL 33844

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIS, DONNA JO	12 NAME	
STREET ADDRESS	3491 E HINSON AVE.	13 STREET ADDRESS	
CITY ST ZIP	HAINES CITY FL	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIS, CAROLINE H.	22 NAME	
STREET ADDRESS	317 S 8 ST.	23 STREET ADDRESS	
CITY ST ZIP	HAINES CITY FL	24 CITY ST ZIP	
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)(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: Donna Jo Willis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donna Jo Willis

5/3/95
Date

813-422-2516
Daytime Phone #

0440271 FP

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **K19518** **(5)**

1. Corporate Name

R & M ASSOCIATES OF HAINES CITY, INC.

[illegible] PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3491 E. HINSON AVE **P.O. BOX 425** **HAINES CITY FL 33844**	**3491 E. HINSON AVE** **P.O. BOX 425** **HAINES CITY FL 33844**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/25/1988	**04/18/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-2863235**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has elected 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
WILLIS, MICHAEL R. **3491 E. HINSON AVE** **HAINES CITY FL 33844**	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: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIS, RUSSELL RANDOLPH	12 NAME	
STREET ADDRESS	317 S 8 ST.	13 STREET ADDRESS	
CITY, ST, ZIP	HAINES CITY FL	14 CITY, ST, ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIS, MICHAEL R.	22 NAME	
STREET ADDRESS	3491 E HINSON AVE.	23 STREET ADDRESS	
CITY, ST, ZIP	HAINES CITY FL	24 CITY, ST, ZIP	
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)(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: [signature] 5/3/95 813-422-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael R. Willis

0449275 FP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K19761** **(1)**

1. Corporation Name
EAST POINT CONSTRUCTION, INC.

Principal Place of Business:
% KAREN R. JAYNES
4027 INDIAN RIVER DR
COCOA FL 32927

Mailing Address:
% KAREN R. JAYNES
4027 INDIAN RIVER DR
COCOA FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1988**
3a. Date of Last Report: **09/13/1994**
4. FEI Number: **59-2890412** ☐ Applied For ☐ Not Applicable

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 / Country — 25 / Zip — 29 / Country — 30

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 a liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAYNES, KAREN R.
4027 INDIAN RIVER DR
COCOA FL 32927

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	JAYNES, KAREN R.	2 NAME	
STREET ADDRESS	4027 INDIAN RIVER DR	3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	JAYNES, HARRY, W	22 NAME	
STREET ADDRESS	4027 INDIAN RIVER DR	23 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	24 CITY-ST-ZIP	
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: Karen R. Jaynes Karen Jaynes — 5-17-95 — 407-631-7065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073816 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K21050 (5)

1. Corporate Name
ISLAND INTERIORS (CAYMAN) INC.

Principal Place of Business: 571 N.W. 183RD ST. MIAMI FL 33169

Mailing Address: 571 N.W. 183RD ST. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1988
3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0047826 ☐ 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 ... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address (change fields 21–30: blank)

9. Name and Address of Current Registered Agent

DECORDOVA, DONALD
~~5##~~ NW 183RD ST 571 NW 183rd ST.
MIAMI FL 33169

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 Chapter 607, Florida Statutes.

SIGNATURE [signature] 5/15/95

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PANTON, GURNEY A.
STREET ADDRESS	2931 SW 87 TERRACE
CITY-ST-ZIP	DAVIE FL
TITLE	VD
NAME	PANTON, G. CECILLE
STREET ADDRESS	2931 SW 87 TERRACE
CITY-ST-ZIP	DAVIE FL
TITLE	SD
NAME	DECORDOVA, DONALD
STREET ADDRESS	8321 SW 27 PLACE
CITY-ST-ZIP	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank) ☐ Change ☐ Addition

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(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: [signature] Donald De Cordova Director 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0164723 CP