

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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:

**2418 SHERIDAN ST.
HOLLYWOOD FL 33020**

Mailing Address:

**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. 196 (U.S.
Florida Statutes) ☐ Yes ☒ No

2. Principal Place of Business:

21 Suite, Apt. #, etc.

2a. Mailing Address:

26 Suite, Apt. #, etc.

23 City & State:

28 City & State:

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, THOMAS C.
1471 N.E. 170TH ST. APT 223A
NORTH MIAMI BEACH FL 33182**

81 Name:

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

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of Sections 607.02(2) 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 607.02(5), Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Registered Agent of the Corporation)

(Signature of Secretary of State or Registered Agent of the State)

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE	PTD
2. NAME	WALTERS, EDWARD J
3. STREET ADDRESS	2647 COOLIDGE ST
4. CITY, ST, ZIP	HOLLYWOOD FL
5. TITLE	V
6. NAME	KLINGER, BARBARA
7. STREET ADDRESS	2647 COOLIDGE ST
8. CITY, ST, ZIP	HOLLYWOOD FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. 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(3)(b), 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. I am attaching with an address:

SIGNATURE:

Ed Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95 305-943 1397
Date (Type or Print Name)

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AND
FILED

95 MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K18932** (9)

VEC, INC.

Principal Office of Corporation:
**777 E. 25TH STREET, #212
HALEAH FL 33013**

Agent's Address:
**777 E. 25TH STREET, #212
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 03/18/1988	3a. Date of Last Report 03/15/1994
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. This corporation has liability for interstate tax under 1994 USFL Florida Statutes. ☒ Yes ☐ No	

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

**CUESTA, MANUEL B., M.D.
777 EAST 25TH STREET, #212
HALEAH 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	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.01(2) 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 607.1505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when Agent is not a Director)

Signature of Registered Agent (Required when Agent is not a Director)

WIT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D	NAME CUESTA, MANUEL	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS 777 EAST 25TH ST., #212		2. NAME	
CITY, STATE, ZIP HALEAH FL		3. STREET ADDRESS	
2. TITLE		4. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE, ZIP		7. CITY, STATE, ZIP	☐ Change ☐ Addition
3. TITLE		8. NAME	
NAME		9. STREET ADDRESS	
STREET ADDRESS		10. CITY, STATE, ZIP	☐ Change ☐ Addition
CITY, STATE, ZIP		11. NAME	
4. TITLE		12. STREET ADDRESS	
NAME		13. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
5. TITLE		16. CITY, STATE, ZIP	☐ Change ☐ Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY, STATE, ZIP		19. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.11(2)(b) Florida Statutes. I further certify that the information included in 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 officer or director represented by me in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Manuel B. Cuesta MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Florida Form 2

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CORPORATION ANNUAL REPORT 1995



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 ZIP

24 City

28 ZIP

29 City

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. 198.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIS, DONNA JO
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

Registered Agent (print name of registered agent and title) (required)

Registered Agent (print name of registered agent and title) (required when name changes)

(SEE INSTRUCTIONS)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1011 PD
NAME WILLIS, DONNA JO
STREET ADDRESS 3491 E HINSON AVE.
CITY, ST., ZIP HAINES CITY FL

1111 ☐ Change ☐ Addition
1211 NAME
1311 STREET ADDRESS
1411 CITY, ST., ZIP

1012 VSD
NAME WILLIS, CAROLINE H.
STREET ADDRESS 317 S 8 ST.
CITY, ST., ZIP HAINES CITY FL

2111 ☐ Change ☐ Addition
2211 NAME
2311 STREET ADDRESS
2411 CITY, ST., ZIP

1013
NAME
STREET ADDRESS
CITY, ST., ZIP

3111 ☐ Change ☐ Addition
3211 NAME
3311 STREET ADDRESS
3411 CITY, ST., ZIP

1014
NAME
STREET ADDRESS
CITY, ST., ZIP

4111 ☐ Change ☐ Addition
4211 NAME
4311 STREET ADDRESS
4411 CITY, ST., ZIP

1015
NAME
STREET ADDRESS
CITY, ST., ZIP

5111 ☐ Change ☐ Addition
5211 NAME
5311 STREET ADDRESS
5411 CITY, ST., ZIP

1016
NAME
STREET ADDRESS
CITY, ST., ZIP

6111 ☐ Change ☐ Addition
6211 NAME
6311 STREET ADDRESS
6411 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(2)(b), 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. 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Jo Willis
Donna Jo Willis

5/15/95
Date

813-9263-1516
Telephone #

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

DOCUMENT # **K19518** (5)

1. Corporation Name:

R & M ASSOCIATES OF HAINES CITY, INC.

Principal Place of Business

**3491 E. HINSON AVE
P.O. BOX 425
HAINES CITY FL 33844**

Mailing Address

**3491 E. HINSON AVE
P.O. BOX 425
HAINES CITY FL 33844**

JUN 22 11:13:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/25/1988		04/18/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-2863235		Not Applicable	
24 City		29 City		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
25 County		30 County		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
26		31		7. 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

**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
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, RUSSELL RANDOLPH	1.2 NAME	
STREET ADDRESS	317 S 8 ST.	1.3 STREET ADDRESS	
CITY, ST., ZIP	HAINES CITY FL	1.4 CITY, ST., ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, MICHAEL R.	2.2 NAME	
STREET ADDRESS	3491 E HINSON AVE.	2.3 STREET ADDRESS	
CITY, ST., ZIP	HAINES CITY FL	2.4 CITY, ST., ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST., ZIP		3.4 CITY, ST., ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST., ZIP		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it 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 1, 2 or Block 1.3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. WILLIS

6/18/95

313-423-1514

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

APPROVED
AND
FILED

55 MAY 22 AM 10:15

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. FCI Number
59-2890412

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. Does corporation have money for redemption fee under § 605.02?
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

01 Name

02 Street Address (P.O. Box Numbers, Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 605.02 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

Signature of Registered Agent (if not agent, then agent's name)

Signature of Registered Agent (if not agent, then agent's name)

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Check in 13)

TITLE	D
NAME	JAYNES, KAREN R.
STREET ADDRESS	4027 INDIAN RIVER DR
CITY, ST, ZIP	COCOA FL
TITLE	S
NAME	JAYNES, HARRY, W
STREET ADDRESS	4027 INDIAN RIVER DR
CITY, ST, ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for this exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Karen R. Jaynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95 407-631-7005
Date Telephone Number

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K21050

(5)

1. Corporation 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

DEFINITIONS: SEE SPACE

3. Date Incorporated or Qualified 04/14/1988	3a. Date of Last Report 06/14/1994
4. FID 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
7. This corporation has timely filed its annual report under Chapter 607, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. #, etc.	26. State Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

DECORDOVA, DONALD
571 NW 183RD ST
MIAMI FL 33169

571 NW 183RD ST.

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. State

11. Pursuant to the provisions of Sections 607.0503 and 607.0504, 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 Sections 607.0503 and 607.0504, Florida Statutes.

SIGNATURE:

Donald Decordova

6/15/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME PTD PANTON, GURNEY A. 2931 SW 87 TERRACE DAVE FL	1. NAME ☐ Change ☐ Addition
2. NAME VD PANTON, G. CECILLE 2931 SW 87 TERRACE DAVE FL	2. NAME ☐ Change ☐ Addition
3. NAME SD DECORDOVA, DONALD 8321 SW 27 PLACE DAVE FL	3. NAME ☐ Change ☐ Addition
4. NAME	4. NAME ☐ Change ☐ Addition
5. NAME	5. NAME ☐ Change ☐ Addition
6. NAME	6. NAME ☐ Change ☐ Addition
7. NAME	7. NAME ☐ Change ☐ Addition
8. NAME	8. NAME ☐ 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 Sections 607.0503 and 607.0504, 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 its owner or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an addendum with an address.

SIGNATURE:

Donald Decordova
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald Decordova
Director

6/15/95

Exempt From Fee