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 22 PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K23478 (6)

1. Corporate Name
COMMERCIAL REALTY OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
27 2150 GOODLETTE RD STE 700 NAPLES FL 33940 US	% BRUCE R. FLUEGEMAN 2150 GOODLETTE RD STE 700 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 | Suite, Apt # etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address — 26 | Suite, Apt # etc. 27 | City & State 28 | Zip 29 | Country 30

3. Date Incorporated or Qualified: 05/06/1988
3a. Date of Last Report: 04/13/1994
4. FEI Number: 65-0046003 ☐ 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
FLUEGEMAN, BRUCE R. 2150 GOODLETTE RD. STE 700 NAPLES FL 33940	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	DP	1. TITLE	☐ Change ☐ Addition
NAME	FLUEGEMAN, R.	1. NAME	
STREET ADDRESS	2755 SW 66 ST.	1. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1. CITY-ST-ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	STONEBURNER, KEVIN	2. NAME	
STREET ADDRESS	2150 GOODLETTE RD.	2. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2. CITY-ST-ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. 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: Bruce R Fluegeman — 5-18-95 — 813-434-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0326864 CP

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DOCUMENT # K24853 (9)

1. Corporation Name

CORNERSTONE OF TAMPA CORPORATION

Principal Place of Business
4141 MOWREY RD
ZEPHYRHILLS FL 33543
US

Mailing Address
P O BOX 1663
BRANDON FL 33509
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2892579	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. [X] Yes [ ] No	

2. Principal Place of Business

2a. Mailing Address: 4141 MOWREY ROAD

City & State: ZEPHYRHILLS, FLA

Zip: 33543 County: PASCO

9. Name and Address of Current Registered Agent

FIKE, JAMES M., JR.
32532 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
VSD	FIKE, JAMES M., JR.	32532 GREENWOOD LOOP	ZEPHYRHILLS FL
PTD	FIKE, HELEN E.	32532 GREENWOOD LOOP	ZEPHYRHILLS FL
VD	MAYHEW, ROBERT W.	9722 ROAD 92 EAST, L-10	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] 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 Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Helen E. Fike 5/15/95 813(788-9709)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HELEN E. FIKE, PRESIDENT

CR2E022 CP

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CORPORATION ANNUAL REPORT 1995

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K26675 (4)

1. Corporate Name

DEMI-TASSE, INC.

Principal Place of Business:
16450 N.E. 7TH AVE.
MIAMI FL 33162
US

Mailing Address:
16450 N.W. 7TH AVE.
MIAMI FL 33162
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1988
3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0120164 [ ] 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. 199.292, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address (Suite, Apt. #, etc.; City & State; Zip; Country)

9. Name and Address of Current Registered Agent

SANTIAGO, LEONARDO
16450 NE 7 AVE
MIAMI FL 33175

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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	
TITLE	D
NAME	SANTIAGO, LEONARDO
STREET ADDRESS	16450 NE 7 AVE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: [ ] 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(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: [signature] Leonardo Santiago 5/10/95 805-770-5449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176290 CP