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 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K70875 (5)

1. Corporate Name
THE STONEHURST ORGANIZATION I-B, INC.

Principal Place of Business	Mailing Address
1 S.E. 3RD AVENUE SUITE 1500 MIAMI FL 33131	1 S.E. 3RD AVENUE SUITE 1500 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 08/26/1994
4. FEI Number: 65-0130710 ☐ 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

CALVAR, DENISE
1 S.E. 3 AVENUE, SUITE 1500
MIAMI FL 33131

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	
TITLE	D
NAME	MIOT, SANFORD
STREET ADDRESS	1 S.E. 3 AVENUE STE 1500
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		☐ Change ☐ Addition
1	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
3	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
4	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
5	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
6	TITLE / NAME / STREET ADDRESS / 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(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 10 95 Date
305 377-1800 Daytime Phone #

0131765 CP

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1995

APPROVED

DOCUMENT # **K70981** (1)

1. DELLA BELLA, INC.

Principal Place of Business	Mailing Address
5941-SE FEDERAL HIGH	3466 SE CASSEL LANE
777 S. FLAGLER DRIVE S-202	777 S. FLAGLER DRIVE S-202
STUART FL 34997	STUART FL 34997
US	US

3. 03/01/1989 3a. 05/19/1994

4. 65-0110501

2. 21 5941 SE Federal Hwy 2a. 26 3466 SE Cassell Lane

22 Stuart, 27 –

23 Stuart, Fla 28 Stuart, Fla

24 34997 25 MARTIN 29 34997 30 MARTIN

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

6. $5.00 May Be Added to Fees

8. Yes

9. Name and Address of Current Registered Agent

RAFFO, SR. R
3466 S.E. CASSELL AVE
777 S. FLAGLER DRIVE
STUART FL 33401

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. SIGNATURE: Richard A Raffo

12. PSTD
RAFFO, RICHARD A. JR.
3466 SE CASSELL LANE
STUART FL

13.

14.

SIGNATURE: Richard A Raffo Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 407-221-9095

0301003 CP

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CORPORATION ANNUAL REPORT 1995

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

FILED
[stamp partly illegible] 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # K71569 (3)

1. Corporate Name
BRIGNA ENTERPRISES, INC.

Principal Place of Business
% ANTHONY S. BRANCATO
3438 EAST LAKE RD. SUITE 14-644
PALM HARBOR FL 34685-2412

Mailing Address
% ANTHONY S. BRANCATO
3438 EAST LAKE RD. SUITE 14-644
PALM HARBOR FL 34685-2412

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2939200 — 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. 199.052 Florida Statutes. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BRANCATO, ANTHONY S.
3438 EAST LAKE ROAD
SUITE 14-644
PALM HARBOR FL 34685

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	TITLE	☐ Change ☐ Addition
NAME	BRANCATO, ANTHONY S.	NAME	
STREET ADDRESS	50 CAMELIA CT	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	CITY-ST-ZIP	
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	BRANCATO, GEORGINE E	NAME	
STREET ADDRESS	50 CAMELIA CT.	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: *Georgine E. Brancato* *May 15, 1995*
Georgine E. Brancato Vice President *(813) 786-7122*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0373785 CP

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APPROVED AND FILED

'95 MAY ... AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # K72089 (1)

1. Corporation Name
REDIKER DRYWALL, INC.

Principal Place of Business
201 NE 10TH STREET
OKEECHOBEE FL 34972

Mailing Address
201 NE 10TH STREET
OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1989
3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-0124437 [ ] 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. 199.0... Florida Statutes. [ ] Yes [ ] No

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

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

9. Name and Address of Current Registered Agent
REDIKER, JACKIE
201 NE 10TH STREET
OKEECHOBEE FL 34972

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

TITLE	PD
NAME	REDIKER, JACKIE
STREET ADDRESS	201 NE 10 STREET
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	ST
NAME	REDIKER, MELINDA
STREET ADDRESS	201 NE 10TH ST.
CITY-ST-ZIP	OKEECHOBEE 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1) TITLE		[ ] Change [ ] Addition
1) NAME		
1) STREET ADDRESS		
1) CITY-ST-ZIP		
2) TITLE		[ ] Change [ ] Addition
2) NAME		
2) STREET ADDRESS		
2) CITY-ST-ZIP		
3) TITLE		[ ] Change [ ] Addition
3) NAME		
3) STREET ADDRESS		
3) CITY-ST-ZIP		
4) TITLE		[ ] Change [ ] Addition
4) NAME		
4) STREET ADDRESS		
4) CITY-ST-ZIP		
5) TITLE		[ ] Change [ ] Addition
5) NAME		
5) STREET ADDRESS		
5) CITY-ST-ZIP		
6) TITLE		[ ] Change [ ] Addition
6) NAME		
6) STREET ADDRESS		
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: JACKIE REDIKER SR. PRES. 5/1/95 (813) 467-1879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0303169 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 # K72892 (8)

1. Corporation Name
SHEEP'S CLOTHING, INC.

Principal Place of Business	Mailing Address
2661 W. 76TH ST. HIALEAH FL 33016 US	2661 W. 76TH ST. HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1989
3a. Date of Last Report: 07/26/1994
4. FEI Number: 65-0110200 ☐ 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

DAYE, ALEXANDER
7010 NW 186TH ST.
#219
MIAMI FL 33015

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

TITLE	P
NAME	DAYE, ALEXANDER
STREET ADDRESS	71010 NW 186TH ST., #219
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	FECHT, ROBERT M JR.
STREET ADDRESS	11201 SW 55TH ST, BOX 250
CITY-ST-ZIP	MIRAMAR 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☒ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	1590 S W 116 AVE	
1 CITY-ST-ZIP	PEMBROKE PINES FL 33025	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
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)(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] ALEXANDER DAYE 5/15/95 (305) 826 4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000334 CP