

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
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DOCUMENT # K90612	(8)
1. Corporation Name LORAL OF KEY WEST, INC.	

Principal Place of Business 1448 KENNEDY DRIVE KEY WEST FL 33040	Mailing Address 1448 KENNEDY DRIVE KEY WEST FL 33040
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APPROVED
AND
FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date incorporated or Qualified 05/24/1989	3a. Date of Last Report 05/27/1994
4. FCI Number 65-0138213	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 liability for intangible tax under 19-1201, F.S.? ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent SANDS, MERRELL F. III 910 GRINNELL ST. KEY WEST FL 33040	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the place designated herein, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a corporation and I accept the obligations of Section 607.02, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	
NAME	ANDERSON, MARCIA
STREET ADDRESS	3608 DUCK AVE.
CITY	KEY WEST FL
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ Change ☐ Addition
2. NAME	
3. NAME	
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99. NAME	
100. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02, Florida Statutes. I further certify that the information included on this annual report or biennial 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 liquidator of the corporation or the person or persons who have the right to file 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 attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95

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

DOCUMENT # K91328

(0)

1. Corporation Name

J.R. ARAUZ, M.D., P.A.

**APPROVED
AND
FILED**

MAY 22 14 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**5340 GULF DRIVE
SUITE 203
NEW PORT RICHEY FL 34652
US**

Mailing Address

**5340 GULF DRIVE
SUITE 203
NEW PORT RICHEY FL 34652
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/29/1989

3a. Date of Last Report
01/28/1994

4. FEI Number
59-2953466

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 S. 193 (33)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Mailing

2a. Mailing Address

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARAUZ, J. R.
5340 GULF DRIVE
SUITE 203
NEW PORT RICHEY FL 34652**

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 607.0202 and 607.1504, 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 607.0203, Florida Statutes.

SIGNATURE

[Signature]

For the registered agent, sign only if registered agent is changing

5/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFF
NAME **ARAUZ, J.R.**
STREET ADDRESS **5340 GULF DRIVE, SUITE 203**
CITY **NEW PORT RICHEY FL**

1. NAME **ARAUZ, J.R.** ☐ Change ☒ Addition
STREET ADDRESS **5340 GULF DR. suite 203**
CITY **New Port Richey FL 34652**

VP
NAME **ARAUZ, ELIZABETH**
STREET ADDRESS **5340 GULF DRIVE, SUITE 203**
CITY **NEW PORT RICHEY FL**

2. NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY

NAME
STREET ADDRESS
CITY

3. NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY

NAME
STREET ADDRESS
CITY

4. NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY

NAME
STREET ADDRESS
CITY

5. NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY

NAME
STREET ADDRESS
CITY

6. NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am not guilty for the exemption stated in Section 193 (33), Florida Statutes. I further certify that the information included on this annual report is complete and correct and that my signature shall have the same legal effect and make certain that I am an officer or director of the corporation. I further certify that I am a resident of the State of Florida and that my signature is required by Chapter 193, Florida Statutes, and that my name appears in block 12 of this filing. I am not guilty for the exemption stated in Section 193 (33), Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95

846-9163

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REPUBLIC OF FLORIDA
1995



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

JULY 22 1995 10:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **K91394**

(2)

DWJ PROPERTIES, INC.

1. Principal Office Address 4080 WOODCOCK DR SUITE 120 JACKSONVILLE FL 32207 US		2a. Mailing Address P.O. BOX 47620 4814-ATLANTIC BLVD JACKSONVILLE FL 32247 US		3. Date of Incorporation 05/30/1989		3a. Date of First Report 05/01/1994	
2. Principal Office Address 4080 WOODCOCK DR SUITE 120 JACKSONVILLE FL 32207 US		2a. Mailing Address P.O. BOX 47620		4. FIC Number 59-2954684		Applied For ☐ Not Applicable	
22. ☐		27. NA		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. ☐		28. Jacksonville, FL		6. Has the Company Designated Registered Contributions ☐		\$5.00 May Be Added to Fees	
24. ☐		29. 32247		30. Duval		8. Has the corporation been subject to any other law or order by the State of Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent PETHERBRIDGE, JOHN J. 4080 WOODCOCK DR. 3120 P.O. BOX 47620 JACKSONVILLE FL 32247				10. Name and Address of New Registered Agent 81. Name 82. Street Address (if P.O. Box Number, Not Applicable) 4080 Woodcock Dr #120 83. 84. City FL 85. State			
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct, and that the corporation is duly organized under the laws of the State of Florida, and that the corporation is in good standing, and that the corporation is not delinquent in the payment of any taxes or fees due to the State of Florida.							
12. OFFICER AND DIRECTOR LIST Name PD PETERBRIDGE, JOHN J. P.O. BOX 47620 NA JACKSONVILLE FL				13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR LIST 1. Name 2. Address 3. City 4. State 5. Title 6. Name 7. Address 8. City 9. State 10. Title 11. Name 12. Address 13. City 14. State 15. Title 16. Name 17. Address 18. City 19. State 20. Title 21. Name 22. Address 23. City 24. State 25. Title 26. Name 27. Address 28. City 29. State 30. Title 31. Name 32. Address 33. City 34. State 35. Title 36. Name 37. Address 38. City 39. State 40. Title 41. Name 42. Address 43. City 44. State 45. Title 46. Name 47. Address 48. City 49. State 50. Title 51. Name 52. Address 53. City 54. State 55. Title 56. Name 57. Address 58. City 59. State 60. Title 61. Name 62. Address 63. City 64. State 65. Title 66. Name 67. Address 68. City 69. State 70. Title 71. Name 72. Address 73. City 74. State 75. Title 76. Name 77. Address 78. City 79. State 80. Title 81. Name 82. Address 83. City 84. State 85. Title 86. Name 87. Address 88. City 89. State 90. Title 91. Name 92. Address 93. City 94. State 95. Title 96. Name 97. Address 98. City 99. State 100. Title			
14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation is duly organized under the laws of the State of Florida, and that the corporation is in good standing, and that the corporation is not delinquent in the payment of any taxes or fees due to the State of Florida.							
SIGNATURE: <i>John J. Petherbridge</i> JIM J. PETHERBRIDGE				9/1/95 954 295 4684			

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

JULY 20 1995 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91752** (1)

1. Corporation Name:

DRACO INVESTMENTS, INC.

Principal Place of Business:

**JOHN J. PETHERBRIDGE
4080 WOODCOCK DR., #120
JACKSONVILLE FL 32207
US**

Mailing Address:

**JOHN J. PETHERBRIDGE
P. O. BOX 47620
JACKSONVILLE FL 32247
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified:

05/30/1989

3a. Date of last report:

04/29/1994

4. FEI Number:

59-2955105

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 liability for intangible tax under 19-119.04,
Florida Statutes:

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PETHERBRIDGE, JOHN J
4080 WOODCOCK DR.
#120
JACKSONVILLE FL 32247**

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 197.04(1) and 197.1508, Florida Statutes, the above named corporation submits this statement for the purposes 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 667.0505, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☒ Addition
NAME	PETHERBRIDGE, JOHN J	2. NAME	
STREET ADDRESS	P. O. BOX 47620 N/A	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4. CITY, ST, ZIP	32247
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 197.02(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Petherbridge

5/12/95

John J. Petherbridge