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 # **K90612** **(8)**

1. Corporate 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1989**
3a. Date of Last Report: **05/27/1994**

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

4. FEI 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. Is the corporation to be liable for the taxes imposed by Chapter 220, Florida Statutes? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDS, MERRELL F. III
910 GRINNELL ST.
KEY WEST FL 33040

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 607.1508, 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. The 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
P ANDERSON, MARCIA 3608 DUCK AVE. KEY WEST FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare, certify, that the information required with the 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 this report or supplemental report is 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 or Block 13 if changed or added above with an address.

SIGNATURE: *[signature]* 5/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0100000 CP

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DIVISION OF CORPORATIONS

DOCUMENT # K91328 (0)

1. Corporation Name
J.R. ARAUZ, M.D., P.A.

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] 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
ARAUZ, J. R.
5340 GULF DRIVE
SUITE 203
NRE PORT RICHEY FL 34652

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 [signature] MD 5/17/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ARAUZ, J.R.
STREET ADDRESS	5340 FULF DRIVE, SUITE 203
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VP
NAME	ARAUZ, ELIZABETH
STREET ADDRESS	5340 GULF DRIVE, SUITE 203
CITY-ST-ZIP	NEW PORT RICHEY 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	DP	[ ] Change [ ] Addition correction
1 NAME	ARAUZ, J.R.	
1 STREET ADDRESS	5340 Gulf Dr. suite 203	
1 CITY-ST-ZIP	New Port Richey FL 34652	
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(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] MD 5/17/95 846-9163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0364215 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

DOCUMENT # K91394 (2)

DWJ PROPERTIES, INC.

4080 WOODCOCK DR
SUITE 120
JACKSONVILLE FL 32207
US

P.O. BOX 47620
4811 ATLANTIC BLVD
JACKSONVILLE FL 32247
US

3. 05/30/1989 | 3a. 05/01/1994

4. FEI Number 59-2954684 | Applied For | Not Applicable

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

6. Certified Copies Desired | $5.00 May Be Added to Fees

8. Florida Statutes: [X] Yes [ ] No

2a. C/O John Petherbridge
26. P.O. Box 47620
27. NA
28. Jacksonville, FL
29. 32247 30. Duval

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 (P.O. Box Number Not Acceptable): 4080 Woodcock Dr #120
83.
84. City: FL 85. Zip Code

11. Pursuant to Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned corporation is qualified to do business in Florida. I hereby accept the appointment as registered agent.

12. Officer/Director Name(s) & Address(es)

PD
PETERBRIDGE, JOHN J.
P.O. BOX 47620 NA
JACKSONVILLE FL

13. Additional Officer/Director Name(s) & Address(es)

32247

14. I hereby certify that the information supplied with this filing complies with the applicable provisions of Section 607.0505, Florida Statutes. I further certify that I am familiar with and authorized to sign the above on behalf of the above named corporation.

SIGNATURE: [signature] 5/1/94

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J PETHERBRIDGE

0407866 FP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91752** **(1)**

1. Corporate 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
8. The corporation has liability for intangible tax under S. 199.032 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

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 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	1.1 TITLE	☐ Change ☒ Addition
NAME	PETHERBRIDGE, JOHN J	1.2 NAME	
STREET ADDRESS	P. O. BOX 47620 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32247
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Petherbridge

3/15/95 DATE

904-396-0400 Daytime Phone #

0407665 FP