SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:25

DOCUMENT # **K96159** **(4)**

1. Corporation Name

ANCHOR COATINGS OF LEESBURG, INC.

Principal Place of Business	Mailing Address
2280 TALLY ROAD LEESBURG FL 34748 US	2280 TALLY ROAD ~~P.O. BOX 490357~~ LEESBURG FL 34748 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 04/22/1994

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

4. FEI Number: 59-2952529 ☐ 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

PULLUM, J. STEPHEN
1330 W. CITIZENS BLVD.
SUITE 701
LEESBURG FL 34748

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1 1 TITLE	☒ Change ☐ Addition
NAME	O'KELLEY, JOHN D.	1 2 NAME	
STREET ADDRESS	205 WEST NORTH BLVD.	1 3 STREET ADDRESS	DELETE
CITY ST ZIP	LEESBURG FL	1 4 CITY ST ZIP	
TITLE	DP	2 1 TITLE	☐ Change ☐ Addition
NAME	TUTOR, GARY JAMES	2 2 NAME	
STREET ADDRESS	2280 TALLY ROAD	2 3 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	2 4 CITY ST ZIP	
TITLE	DST KEELEY	3 1 TITLE	☒ Change ☐ Addition
NAME	KELLEY, PAUL E.	3 2 NAME	
STREET ADDRESS	205 WEST NORTH BLVD.	3 3 STREET ADDRESS	DELETE
CITY ST ZIP	LEESBURG FL	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☒ Addition
NAME		4 2 NAME	ST
STREET ADDRESS		4 3 STREET ADDRESS	Tutor, Debbie
CITY ST ZIP		4 4 CITY ST ZIP	2280 Tally Road Leesburg, FL 34748
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	

CR2E034 (3/95)

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: Gary Tutor 6-16-95 904-728-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gary Tutor

0170643 FP

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AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN [illegible]

DOCUMENT # **K96217** **(0)**

1. Corporation Name

PENTHOUSE MANAGEMENT CORP.

Principal Place of Business	Mailing Address
PENTHOUSE-BARNETT BANK PLAZA ONE EAST BROWARD BLVD FT LAUDERDALE FL 33301	PENTHOUSE-BARNETT BANK PLAZA ONE EAST BROWARD BLVD FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1989
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22 Suite 1500	Suite, Apt. #, etc: 27 Suite 1500
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

4. FEI Number: 65-0138155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. The 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
ROSENBAUM, RICHARD L ONE EAST BROWARD BLVD ~~PENTHOUSE~~ LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 1500 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 [illegible] 6-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND/OR CORRECTIONS		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	ROSENBAUM, RICHARD L	12 NAME		
STREET ADDRESS	ONE EAST BROWARD BLVD ~~PH~~	13 STREET ADDRESS	Suite 1500	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	ENTIN, MICHAEL J	22 NAME		
STREET ADDRESS	ONE E BROWARD BLVD ~~PH~~	23 STREET ADDRESS	Suite 1500	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	HARRIS, JEFFREY M	32 NAME		
STREET ADDRESS	ONE E BROWARD BLVD ~~PH~~	33 STREET ADDRESS	Suite 1500	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	MARS, BURTON H	42 NAME		
STREET ADDRESS	ONE E BROWARD BLVD ~~PH~~	43 STREET ADDRESS	Suite 1500	
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	MCPHARLIN, WILLIAM J	52 NAME		
STREET ADDRESS	ONE E BROWARD BLVD ~~PH~~	53 STREET ADDRESS	Suite 1500	
CITY ST ZIP	FT LAUDERDALE FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 above, or on an attachment with an address.

SIGNATURE: [illegible] 6/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0070723 CP