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 -1 AM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K96921** **(7)**

1. Corporation Name
MASTER WINGS CORP.

Principal Place of Business	Mailing Address
9780 SW 155TH AVE MIAMI FL 33196 US	9780 S.W. 155TH AVENUE MIAMI FL 33196 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0127394 ☐ 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

GORDON PERVIS C
10621 N KENDALL DR
STE 120
MIAMI FL 33176

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	P	1 TITLE	S/D/V ☑ Change ☐ Addition
NAME	CROCKETT LESTER E	1 NAME	TANIA R. CROCKETT
STREET ADDRESS	9780 SW 155TH AVENUE	1 STREET ADDRESS	9780 S.W. 155TH AVENUE
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	SD	2 TITLE	☐ Change ☐ Addition
NAME	CROCKETT TANIA R	2 NAME	
STREET ADDRESS	9780 SW 155TH AVENUE	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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: Lester E. Crockett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LESTER E. CROCKETT, PRESIDENT

4-28-95 Date
305-383-3574 Daytime Phone #

0206243 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **K97727** (7)

1. **THE PALMS OF LIVINGSTON, INC.**

Mailing Address:

% PAUL C. DAVIS
85 E INDIA ROW #29B
BOSTON MA 02110

Principal Office:

ONE YANKEE DIVI HWY
PO BOX 15 NA
BEVERLY MA 01915
US

3. Date of Last Report: **06/23/1989**

3a. Date of This Report: **08/18/1994**

2. Principal Place of Business:

21 **767 Third Avenue**
22 **34th Floor**
23 **New York, NY**
24 **10017** 25 **USA**

2a. Changed to:

26 **767 Third Avenue**
27 **34th Floor**
28 **New York, NY**
29 **10017** 30 **USA**

4. FEI Number: **58-1854640** Applied For / Not Applicable

5. Fees Due for Other Services: **$8.75** Additional Fee Required

6. Fees Due for Copies: **$5.00** May Be Added to Fees

8. Does corporation own assets in nonagricultural parcels of land in Florida? Yes / **X** No

9. Name and Address of Current Registered Agent

DAVIS, PAUL C.
ONE HARBOUR PLACE
SUITE 500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of section 607.1116, Florida Statutes, this document also constitutes notice of the address of the registered agent and the address of the registered agent in Florida at which process may be served. I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent.

Signature

12.

~~DP~~
~~RAND, GREGORY A.~~
~~85 EAST INDIA ROW, #29 B~~
~~BOSTON MA~~

13. Additional officers and directors (Add Type):

D/C/P **X** Add
Nicolas W. Combemale
767 Third Avenue, 32nd Floor
New York, NY 10017

D/V/S **X** Add
Scott D. Robbins
767 Third Avenue, 34th Floor
New York, NY 10017

D/V/T **X** Add
Jeffrey Holdsberg
767 Third Avenue, 32nd Floor
New York, NY 10017

V **X** Add
Vivianna Guzman
767 Third Avenue, 34th Floor
New York, NY 10017

~~John H. Coghlin~~
~~767 Third Avenue, 34th Floor~~
~~New York, NY 10017~~

14. I hereby certify that the information indicated on this report or supplemental 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 13 or in an attachment with an address.

SIGNATURE: 4/27/95 (212) 418-8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivianna Guzman

0483482 FN

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FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **K98046** **(1)**

1. Corporation Name
ABACORE PRESS, INC.

Principal Place of Business	Mailing Address
4444 S.W. 71 ST AVE.. #104 MIAMI FL 33155	4444 S.W. 71 ST AVE.. #104 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1989**	3a. Date of Last Report: **05/01/1994**
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) / Country (30)
4. FEI Number: **65-0272275**	☐ 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
ARROYO, ENRIQUE **1550 MADRUGA AVE** **SUITE 245** **CORAL GABLES FL 33146**	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 [illegible] 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 [illegible] Florida Statute.

SIGNATURE [illegible]

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES OR ADDITIONS
TYPE	PTS	☐ Change ☐ Addition
NAME	BRAUER, CARL D.	
STREET ADDRESS	4444 SW 71 AVE #104	
CITY ST ZIP	MIAMI FL	
TYPE	V	☐ Change ☐ Addition
NAME	BRAUER, CARL, D	
STREET ADDRESS	4444 SW 71 AVE #104	
CITY ST ZIP	MIAMI FL	
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I/We hereby certify that the information supplied with this report is true and complete and that I/we are qualified for the exemption claimed in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my/our 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 attached sheet with an address.

SIGNATURE: [signature] 4/24/95 665-5298

SIGNATURE AND TYPED OR PRINTED NAME OF WHOMD OFFICER OR DIRECTOR — Date — Daytime Phone #

0420015 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **K99059** **(3)**

1. Corporation Name

UTILITY CORPORATION OF FLORIDA

APPROVED
JUN
FILED

95 JUN -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% E MARK BREED, III 335 S COMMERCE SEBRING FL 33870	% E MARK BREED, III 335 S COMMERCE SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt. # (22) | Suite Apt. # (27)

City & State (23) | City & State (28)

ZIP (24) | County (25) | ZIP (29) | County (30)

4. FEI Number: **59-3022048** ☐ 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
BREED, E MARK, III **335 S COMMERCE** **SEBRING FL 33870**	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 607.0505 and 607.1005, 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

(Typed or printed name of President, Vice President, Chairman or Director) (Registered Agent, if appointed in this report) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND/OR DIRECTORS
01 TITLE	D	☐ Change ☐ Addition
02 NAME	TELLSCHOW, MICHAEL A	
03 STREET ADDRESS	100 CLUBHOUSE LN.	
04 CITY ST ZIP	SEBRING FL	
05 TITLE	D	☐ Change ☐ Addition
06 NAME	MILLER, DALE	
07 STREET ADDRESS	333 CARDINAL RD.	
08 CITY ST ZIP	SEBRING FL	
09 TITLE	D	☐ Change ☐ Addition
10 NAME	MIX, LOUISE	
11 STREET ADDRESS	1021 GREENWOOD TERR.	
12 CITY ST ZIP	SEBRING FL	
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY ST ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
25 TITLE		☐ Change ☐ Addition
26 NAME		
27 STREET ADDRESS		
28 CITY ST ZIP		
29 TITLE		☐ Change ☐ Addition
30 NAME		
31 STREET ADDRESS		
32 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is complete, accurate and true. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions. I further certify 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: Louise Mix Louise Mix 4/27/95 813-655-3350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0014110 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L01388 (2)

TV. CONTRACTOR, INC.

Principal Place of Business	Mailing Address
4229 SW 75 AVE., #F MIAMI FL 33155	4229 SW 75 AVE., #F MIAMI FL 33155

(Do NOT write in this space)

21	2. Principal Place of Business	26	2a. Mailing Address
22		27	
23		28	
24	25	29	30

3. Date of Incorporation or Qualification: 07/10/1989

3a. Date of Last Report: 08/02/1994

4. FEI Number: 65-0128827 — 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 own or lease real property? (See Section 607.193(2)(j), Florida Statutes) ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEDINA, ALEJANDRO 4229 SW 75 AVE., #F MIAMI FL 33155	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 607.325, and/or 608.4101, 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 (and/or as registered agent of a corporation) at the designated location in accordance with Section 607.325, and/or 608.4101, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
Title	DP	☐ Change ☐ Addition
Name	MEDINA, ALEJANDRO	
Address	1751 SW 127TH CT	
City-St-Zip	MIAMI FL	
Title	DST	☐ Change ☐ Addition
Name	MEDINA, RAFAELA	
Address	1751 SW 127TH CT	
City-St-Zip	MIAMI FL	
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		

14. I/We hereby certify that the information supplied with this filing is true and accurate and that this filing will be in compliance with the applicable provisions of Florida Statutes. I/We further certify that the corporation named herein has complied with the applicable provisions of Florida Statutes relating to the payment of all fees due under law for purposes of this filing.

SIGNATURE: Alejandro Medina V/P — 5/24/95 — 767 9171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0164209 CP