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 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04824 (3)

1. Corporation Name
MELBOURNE SQUARE FAN CLUB, INC. #136

Principal Place of Business	Mailing Address
1700 W NEW HAVEN AVE #935 MELBOURNE FL 32904 US	3940 PIPESTONE ROAD DALLAS TX 75212

DO NOT WRITE IN THIS SPACE

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) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 07/27/1989
3a. Date of Last Report: 04/26/1994
4. FEI Number: 04-3058948 ☐ 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
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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	TITLE	☐ Change ☐ Addition
NAME	PARKS, RALPH T.	NAME	
STREET ADDRESS	3940 PIPESTONE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	CITY-ST-ZIP	
TITLE	VPT	TITLE	☐ Change ☐ Addition
NAME	ROACH, DONALD V.	NAME	
STREET ADDRESS	3940 PIPESTONE ROAD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	CITY-ST-ZIP	
TITLE	~~AS~~	TITLE	SECRETARY ☒ Change ☐ Addition
NAME	~~COUTTS, FREDERICK~~	NAME	MARK W. MAYER
STREET ADDRESS	~~3940 PIPESTONE ROAD~~	STREET ADDRESS	3940 PIPESTONE ROAD
CITY-ST-ZIP	~~DALLAS TX~~	CITY-ST-ZIP	DALLAS, TX
TITLE	D	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	~~QURGESHI, SHAHID~~	NAME	RALPH T. PARKS
STREET ADDRESS	~~ONE THEALL RD~~	STREET ADDRESS	3940 PIPESTONE ROAD
CITY-ST-ZIP	~~RYE NY~~	CITY-ST-ZIP	DALLAS, TX 75212
TITLE	D	TITLE	DIR[illegible] ☒ Change ☐ Addition
NAME	~~DELLAROCCO, KENNETH~~	NAME	[illegible]
STREET ADDRESS	~~ONE THEALL RD~~	STREET ADDRESS	[illegible]
CITY-ST-ZIP	~~RYE NY~~	CITY-ST-ZIP	[illegible]
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	ALBERT, CHARLES M	NAME	
STREET ADDRESS	3940 PIPESTONE RD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75212	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] MARK W. MAYER, SECRETARY 3-21-95 214-634-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0392480 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

DOCUMENT # L05742 (6)

1. Corporation Name

LMV ENTERPRISES, INC.

Principal Place of Business:
18432 S.E. HERITAGE DRIVE
TEQUESTA FL 33469

Mailing Address:
18432 S.E. HERITAGE DRIVE
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1989	3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0135426	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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SULLIVAN, JOHN C. JR.
2511 PONCE DE DEON BLVD.
SUITE 320
CORAL GABLES FL 33134

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	PD
NAME	EDELMAN, SHEILA
STREET ADDRESS	18432 S.E. HERITAGE DR
CITY-ST-ZIP	TEQUESTA FL
TITLE	ST
NAME	EDELMAN, SHEILA
STREET ADDRESS	18432 SE HERITAGE DR
CITY-ST-ZIP	TEQUESTA 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

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

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: Sheila R. Edelmann [signature] 4/27/95 (407) 744-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0373228 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 -4 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06224** **(4)**

1. Corporation Name

OAK BEND COMMUNITIES, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 2031 DUNNELLON FL 32630	P. O. BOX 2031 DUNNELLON FL 32630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1989**
3a. Date of Last Report: **08/10/1994**
4. FEI Number: **59-2965125** ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, E. M.
8730 S.W. 190TH CIR
DUNNELLON FL 32630

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] 5-1-95

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	WILLIAMS, E. M.
STREET ADDRESS	8730 S,W, 190TH CIR
CITY-ST-ZIP	DUNNELLON FL
TITLE	V
NAME	IGLOR, JOHN
STREET ADDRESS	262 R OLD TURNPIKE RD
CITY-ST-ZIP	PORT MURRAY NJ
TITLE	S
NAME	WILLIAMS, R.T.
STREET ADDRESS	106 PALATKA DR.
CITY-ST-ZIP	DUNNELLON FL
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 (each entry: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition) — blank

14. I 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: [signature] (E M Williams) 5-1-95 (904) 489-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04S6053 FP