

APPROVED
AND
FILED

50 MAY -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State
1995		DIVISION OF CORPORATIONS
DOCUMENT #	L08653	(2)
1. Corporation Name		
EXOTIC TOY CARE, INC.		
Principal Place of Business	Mailing Address	
16686 NW 54TH AVE. MIAMI FL 33014-6115	16686 NW 54TH AVE. MIAMI FL 33014-6115	

DO NOT WRITE IN THIS SPACE

		3. Date Incorporated or Qualified 08/14/1989		3a. Date of Last Report 02/17/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0139645	
21		26		Applied For Not Applicable	
22 State Apt # etc		27 State Apt # etc		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
25 Country		30 Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FITE, JAMES H 13395 S. W. 1ST TERRACE MIAMI FL 33184		81 Name: PAUL ARZOLA	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 7241 N.W. 45CT.	
		84 LAUDERHILL	FL 85 33315

11. Pursuant to the provisions of Sections 607.03(2) and 607.13(2), Florida Statutes, the above-named corporation, upon or after the filing of this Certificate, was authorized by the corporation with and on behalf of the corporation, to cause this Certificate to be filed with the Department of Banking and Finance, State of Florida, for the purpose of changing its registered office and its board of directors. I hereby accept this appointment as authorized agent. I am

SIGNATURE _____

4/30/95

[illegible][illegible]

SIGNATURE: [Signature] JONATHAN TALZANAWO 7/30/95 305625636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)

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

APPROVED
4/27/95
FILED

08/10/1989
04/22/1994

DOCUMENT # L08737 (3)

1. Corporation Name

ADVANCED SURVEYING TECHNOLOGY, INC.

Principal Place of Business

**815 EYRIE DR.
STE. 4
OVIEDO FL 32765
US**

Mailing Address

**814 EYRIE DR.
STE. 4
OVIEDO FL 32765
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified
08/10/1989

3a. Date of Last Report
04/22/1994

4. FTT Number
59-2964205

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 delinquency for under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2b. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 City

25

28 City

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADHAM, CESAR H
1007 WILLOW LAKE CIRCLE
OVIEDO FL 32765**

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 607.01 and 607.0108, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered officer as required, and in compliance with 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 607.0108, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Required for Change of Agent)

Signature of New Registered Agent (Required for Change of Agent)

WITNESSES

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '92

NAME	D
NAME	BRADHAM, CESAR H.
STREET ADDRESS	1007 WILLOW LAKE CIR.
CITY & STATE	OVIEDO FL
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

1. NAME	☐ Change ☐ Addition
1. STREET ADDRESS	
1. CITY & STATE	
2. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
2. CITY & STATE	
3. NAME	☐ Change ☐ Addition
3. STREET ADDRESS	
3. CITY & STATE	
4. NAME	☐ Change ☐ Addition
4. STREET ADDRESS	
4. CITY & STATE	
5. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
5. CITY & STATE	
6. NAME	☐ Change ☐ Addition
6. STREET ADDRESS	
6. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report in form and substance 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 on Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

Cesar H. Bradham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

407-468 1895