FILE NOW: FILING FEE AFTER

CORPORATION
ANNUAL REPORT
1995

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

FILED
95 MAY 23 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L16386** **(9)**

1. Corporation Name

ALPINE AIR LEASING, INC.

Principal Place of Business	Mailing Address
888 SE 3RD AVE #500 FT LAUDERDALE FL 33316	888 SE 3RD AVE #500 FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1989**
3a. Date of Last Report: **04/27/1994**

21	26	4. FEI Number: **65-0146103**	Applied For / Not Applicable
22	27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24	25 / 29 / 30	8. The corporation has [illegible] Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

DIEBOLD, GALE
888 SE THIRD AVE.
STE. 500
FT. LAUD FL 33316

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 607.0502 and 607.0505 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. I am aware that any changes will be reported to the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
1. TYPE	PVPS	1. TYPE	☐ Change ☐ Addition
1. NAME	GUNTHER, DIETER K.	1. NAME	
1. STREET ADDRESS	888 SE 3RD AVE, #500	1. STREET ADDRESS	
1. CITY-ST-ZIP	FT LAUDERDALE FL	1. CITY-ST-ZIP	
2. TYPE	D	2. TYPE	☐ Change ☐ Addition
2. NAME	DIEBOLD, GALE	2. NAME	
2. STREET ADDRESS	888 SE THIRD AVE #500	2. STREET ADDRESS	
2. CITY-ST-ZIP	FT. LAUDERDALE FL	2. CITY-ST-ZIP	
3. TYPE		3. TYPE	☐ Change ☐ Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY-ST-ZIP		3. CITY-ST-ZIP	
4. TYPE		4. TYPE	☐ Change ☐ Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY-ST-ZIP		4. CITY-ST-ZIP	
5. TYPE		5. TYPE	☐ Change ☐ Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY-ST-ZIP		5. CITY-ST-ZIP	
6. TYPE		6. TYPE	☐ Change ☐ Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY-ST-ZIP		6. CITY-ST-ZIP	

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 I am familiar with the information contained in this report.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Title

Date

0224843 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 25 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # L17173 (0)

1. Entity Name

BROTHERS FLOORING, INC.

Principal Address

8985 NW 6 COURT
PLANTATION FL 33324

Mailing Address

8985 NW 6 COURT
PLANTATION FL 33324

FEI Number: 65-0142028

3. Date Principal Address Changed: 09/19/1989

3a. Date of Last Report: 04/27/1994

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

7. Is this corporation operating in compliance with the Florida Statutes? Yes ☐ No ☐

9. Name and Address of Current Registered Agent

MCGONIGLE, JAMES T.
7027 W. BROWARD BLVD. #280
PLANTATION FL 33317

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 607.193 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 Florida Statutes.

12. OFFICERS AND DIRECTORS

D
DELPOZZO, ANTHONY
8985 NW 6 COURT
PLANTATION FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. 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 above, or on an attachment with an address.

SIGNATURE: [signature] 5/7/95 (305) 370-6535

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

0233414 CP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19383 (3)

1. Corporation Name

DUCK ENGINEERING, INC.

Principal Place of Business	Mailing Address
% GEORGE R. MORAITIS 915 MIDDLE RIVER DR #506 FT LAUDERDALE FL 33304	% GEORGE R. MORAITIS 915 MIDDLE RIVER DR #506 FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1989
3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-6037829 ☐ 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: 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	10. Name and Address of New Registered Agent
MORAITIS, GEORGE R. 915 MIDDLE RIVER DR SUITE 506 FT LAUDERDALE FL 33304	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	DP
NAME	CAMARGO, LUIS A.
STREET ADDRESS	5100 N OCEAN BLVD #614
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	DST
NAME	CAMARGO, ISABEL
STREET ADDRESS	5100 N OCEAN BLVD #614
CITY-ST-ZIP	FT LAUDERDALE 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		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
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(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: X [signature] April 30-95 305 9415703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Luis Alberto Camargo, President

DATE — Daytime Phone #

0212187 CP

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 ... 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L20200** **(6)**

1. Corporation Name
HAND REHABILITATION SPECIALIST, INC.

Principal Place of Business	Mailing Address
900 GLADES RD STE 1B BOCA RATON FL 33431 US	900 GLADES RD STE 1B BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0151562 ☐ 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 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 ___

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A.
165 E. PALMETTO PARK ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Deborah Austin
82 Street Address (P.O. Box Number is Not Acceptable): 900 Glades Road
83 STE 1B
84 City: BOCA RATON FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE: Deborah Austin Deborah Austin 5-15-95

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	AUSTIN, DEBORAH
STREET ADDRESS	900 GLADES ROAD, STE 1B
CITY-ST-ZIP	BOCA RATON 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, six blank entries)

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: Deborah Austin Deborah Austin 5-15-95 407 362-8757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0257564 CP