

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



4. 4.1. 4.2. 4.3. 4.4. 4.5. 4.6. 4.7. 4.8. 4.9. 4.10. 4.11. 4.12. 4.13. 4.14. 4.15. 4.16. 4.17. 4.18. 4.19. 4.20. 4.21. 4.22. 4.23. 4.24. 4.25. 4.26. 4.27. 4.28. 4.29. 4.30. 4.31. 4.32. 4.33. 4.34. 4.35. 4.36. 4.37. 4.38. 4.39. 4.40. 4.41. 4.42. 4.43. 4.44. 4.45. 4.46. 4.47. 4.48. 4.49. 4.50. 4.51. 4.52. 4.53. 4.54. 4.55. 4.56. 4.57. 4.58. 4.59. 4.60. 4.61. 4.62. 4.63. 4.64. 4.65. 4.66. 4.67. 4.68. 4.69. 4.70. 4.71. 4.72. 4.73. 4.74. 4.75. 4.76. 4.77. 4.78. 4.79. 4.80. 4.81. 4.82. 4.83. 4.84. 4.85. 4.86. 4.87. 4.88. 4.89. 4.90. 4.91. 4.92. 4.93. 4.94. 4.95. 4.96. 4.97. 4.98. 4.99. 5.00. 5.01. 5.02. 5.03. 5.04. 5.05. 5.06. 5.07. 5.08. 5.09. 5.10. 5.11. 5.12. 5.13. 5.14. 5.15. 5.16. 5.17. 5.18. 5.19. 5.20. 5.21. 5.22. 5.23. 5.24. 5.25. 5.26. 5.27. 5.28. 5.29. 5.30. 5.31. 5.32. 5.33. 5.34. 5.35. 5.36. 5.37. 5.38. 5.39. 5.40. 5.41. 5.42. 5.43. 5.44. 5.45. 5.46. 5.47. 5.48. 5.49. 5.50. 5.51. 5.52. 5.53. 5.54. 5.55. 5.56. 5.57. 5.58. 5.59. 5.60. 5.61. 5.62. 5.63. 5.64. 5.65. 5.66. 5.67. 5.68. 5.69. 5.70. 5.71. 5.72. 5.73. 5.74. 5.75. 5.76. 5.77. 5.78. 5.79. 5.80. 5.81. 5.82. 5.83. 5.84. 5.85. 5.86. 5.87. 5.88. 5.89. 5.90. 5.91. 5.92. 5.93. 5.94. 5.95. 5.96. 5.97. 5.98. 5.99. 6.00. 6.01. 6.02. 6.03. 6.04. 6.05. 6.06. 6.07. 6.08. 6.09. 6.10. 6.11. 6.12. 6.13. 6.14. 6.15. 6.16. 6.17. 6.18. 6.19. 6.20. 6.21. 6.22. 6.23. 6.24. 6.25. 6.26. 6.27. 6.28. 6.29. 6.30. 6.31. 6.32. 6.33. 6.34. 6.35. 6.36. 6.37. 6.38. 6.39. 6.40. 6.41. 6.42. 6.43. 6.44. 6.45. 6.46. 6.47. 6.48. 6.49. 6.50. 6.51. 6.52. 6.53. 6.54. 6.55. 6.56. 6.57. 6.58. 6.59. 6.60. 6.61. 6.62. 6.63. 6.64. 6.65. 6.66. 6.67. 6.68. 6.69. 6.70. 6.71. 6.72. 6.73. 6.74. 6.75. 6.76. 6.77. 6.78. 6.79. 6.80. 6.81. 6.82. 6.83. 6.84. 6.85. 6.86. 6.87. 6.88. 6.89. 6.90. 6.91. 6.92. 6.93. 6.94. 6.95. 6.96. 6.97. 6.98. 6.99. 7.00. 7.01. 7.02. 7.03. 7.04. 7.05. 7.06. 7.07. 7.08. 7.09. 7.10. 7.11. 7.12. 7.13. 7.14. 7.15. 7.16. 7.17. 7.18. 7.19. 7.20. 7.21. 7.22. 7.23. 7.24. 7.25. 7.26. 7.27. 7.28. 7.29. 7.30. 7.31. 7.32. 7.33. 7.34. 7.35. 7.36. 7.37. 7.38. 7.39. 7.40. 7.41. 7.42. 7.43. 7.44. 7.45. 7.46. 7.47. 7.48. 7.49. 7.50. 7.51. 7.52. 7.53. 7.54. 7.55. 7.56. 7.57. 7.58. 7.59. 7.60. 7.61. 7.62. 7.63. 7.64. 7.65. 7.66. 7.67. 7.68. 7.69. 7.70. 7.71. 7.72. 7.73. 7.74. 7.75. 7.76. 7.77. 7.78. 7.79. 7.80. 7.81. 7.82. 7.83. 7.84. 7.85. 7.86. 7.87. 7.88. 7.89. 7.90. 7.91. 7.92. 7.93. 7.94. 7.95. 7.96. 7.97. 7.98. 7.99. 8.00. 8.01. 8.02. 8.03. 8.04. 8.05. 8.06. 8.07. 8.08. 8.09. 8.10. 8.11. 8.12. 8.13. 8.14. 8.15. 8.16. 8.17. 8.18. 8.19. 8.20. 8.21. 8.22. 8.23. 8.24. 8.25. 8.26. 8.27. 8.28. 8.29. 8.30. 8.31. 8.32. 8.33. 8.34. 8.35. 8.36. 8.37. 8.38. 8.39. 8.40. 8.41. 8.42. 8.43. 8.44. 8.45. 8.46. 8.47. 8.48. 8.49. 8.50. 8.51. 8.52. 8.53. 8.54. 8.55. 8.56. 8.57. 8.58. 8.59. 8.60. 8.61. 8.62. 8.63. 8.64. 8.65. 8.66. 8.67. 8.68. 8.69. 8.70. 8.71. 8.72. 8.73. 8.74. 8.75. 8.76. 8.77. 8.78. 8.79. 8.80. 8.81. 8.82. 8.83. 8.84. 8.85. 8.86. 8.87. 8.88. 8.89. 8.90. 8.91. 8.92. 8.93. 8.94. 8.95. 8.96. 8.97. 8.98. 8.99. 9.00. 9.01. 9.02. 9.03. 9.04. 9.05. 9.06. 9.07. 9.08. 9.09. 9.10. 9.11. 9.12. 9.13. 9.14. 9.15. 9.16. 9.17. 9.18. 9.19. 9.20. 9.21. 9.22. 9.23. 9.24. 9.25. 9.26. 9.27. 9.28. 9.29. 9.30. 9.31. 9.32. 9.33. 9.34. 9.35. 9.36. 9.37. 9.38. 9.39. 9.40. 9.41. 9.42. 9.43. 9.44. 9.45. 9.46. 9.47. 9.48. 9.49. 9.50. 9.51. 9.52. 9.53. 9.54. 9.55. 9.56. 9.57. 9.58. 9.59. 9.60. 9.61. 9.62. 9.63. 9.64. 9.65. 9.66. 9.67. 9.68. 9.69. 9.70. 9.71. 9.72. 9.73. 9.74. 9.75. 9.76. 9.77. 9.78. 9.79. 9.80. 9.81. 9.82. 9.83. 9.84. 9.85. 9.86. 9.87. 9.88. 9.89. 9.90. 9.91. 9.92. 9.93. 9.94. 9.95. 9.96. 9.97. 9.98. 9.99. 10.00. 10.01. 10.02. 10.03. 10.04. 10.05. 10.06. 10.07. 10.08. 10.09. 10.10. 10.11. 10.12. 10.13. 10.14. 10.15. 10.16. 10.17. 10.18. 10.19. 10.20. 10.21. 10.22. 10.23. 10.24. 10.25. 10.26. 10.27. 10.28. 10.29. 10.30. 10.31. 10.32. 10.33. 10.34. 10.35. 10.36. 10.37. 10.38. 10.39. 10.40. 10.41. 10.42. 10.43. 10.44. 10.45. 10.46. 10.47. 10.48. 10.49. 10.50. 10.51. 10.52. 10.53. 10.54. 10.55. 10.56. 10.57. 10.58. 10.59. 10.60. 10.61. 10.62. 10.63. 10.64. 10.65. 10.66. 10.67. 10.68. 10.69. 10.70. 10.71.

APPROVED
AND
FILED

APR 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L18181**

(2)

THE BROWARD EXCHANGE, INC.

14 SCOTT L RUBIN
250 SOUTH STATE RD 7
HOLLYWOOD FL 33023

SCOTT L RUBIN
250 SOUTH STATE RD 7
HOLLYWOOD FL 33023

3. Filing Date (Month/Day/Year)		3a. Filing Date (Month/Day/Year)	
09/21/1989		05/01/1994	
4. FIC Number		Applied For	
65-0148999		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for shareholders for state's DP+G Florida Statute ☒ Yes ☐ No			

21	Mike's Gun & Pawn	26	1355 N. Military Trail
22		27	
23		28	WEST PALM BEACH, FL
24		29	33409
25		30	

9. Name and Address of Current Registered Agent

DOCKERY, LAURIE ANN
250 SOUTH STATE RD. 7
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent:

81	Name:
82	Street Address, P.O. Box Number or Post Office Station
83	
84	City:
85	State:

11. Consent I, the undersigned, of the board of directors of the above named corporation, submit this statement for the purposes of Chapter 40, as amended, of the consolidated report of the corporation to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as consolidated report signatory with authority and the authority of the board of directors of the Florida Statutes.

50:141:03

3. The $\mathcal{H}_\infty$ norm of the closed-loop system is bounded by a prescribed value γ .

[illegible]

10

[illegible]**SIGNATURE:**

Michael McMillan
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael McMillan

V/P

5/4/25

(407)
63-8450

000-767 **CP**

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ARTIFICIAL PERSON
1995



REPUBLIC OF FLORIDA
OFFICE OF THE
CLERK OF THE
SUPREME COURT

DOCUMENT # L19560

(6)

1. Corporation Name

PETERSON THERAPY SERVICES, INC.

APPROVED
FEB
25
1995

21. Principal Place of Business 2915 NEBRASKA AVE- 301- PT PIERCE FL 34950 US		22. Mailing Address 2915 NEBRASKA AVE- 301- PT PIERCE FL 34950 US		3. Date of Incorporation 09/26/1989	3a. Date of Last Report 05/01/1994
23. 291 SW OAKRIDGE DRIVE State: Apt # 101		24. 291 SW OAKRIDGE DRIVE State: Apt # 101		4. Filing Number 65-0144078	5. Certificate of Status (Required) \$8.75 Additional Fee Required
25. PORT ST. LUCIE, FL		26. PORT ST. LUCIE, FL		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
27. 34984		28. 34984		7. This corporation has liability for interstate tax under 1995 FC Exempt status ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent PETERSON, LYNN R 291 S.W. OAKRIDGE DRIVE PORT ST. LUCIE FL 34984		10. Name and Address of New Registered Agent 81. Name 82. Street Address (if not a member of Not Acceptable) 83. 84. City FL 85. Zip Code	
---	--	--	--

11. I, the undersigned, the president, secretary, treasurer, or a director of the corporation, hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes, relating to the registration of corporations.

SIGNATURE: _____ DATE: _____

12. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, OR AGENT	13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, OR AGENT
NAME: PETERSON, LYNN R. 291 S W OAKRIDGE DRIVE PT ST LUCIE FL 34984	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Article 13 of the Florida Statutes. I further certify that the information submitted on this document is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes, relating to the registration of corporations.

SIGNATURE: *Lynn R Peterson* PRES 050495 482-878-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

1995



FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **L20209**

(7)

ACCENT CLOSETS, INC.

RECEIVED
TALLAHASSEE, FLORIDA
MAY 11 1995

10802 WILES RD
CORAL SPRINGS FL 33076

10802 WILES RD
CORAL SPRINGS FL 33076

FLORIDA DEPARTMENT OF REVENUE

2. Corporation Name		28. Mailing Address		3. Date of Incorporation (or 2nd filing)		3a. Date of filing request	
21. State of Incorporation		26. State of Filing		4. FE Number		Applied Fee	
22. City & State		27. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. Country		28. Country		6. Is this Corporation's Principal Place of Business in Florida?		\$5.00 May Be Added to Fees	
24. Zip		29. Zip		7. This corporation has liability for intangible tax under S. 199.002?		Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NASSAU, ARTHUR 10802 WILES RD CORAL SPRINGS FL 33076				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. Zip Code			

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by Chapter 205, Florida Statutes, for the purpose of filing the same with the Department of Revenue, Tallahassee, Florida.

12. OFFICE OF REGISTERED AGENT		13. ADDRESS CHANGED SINCE PREVIOUS FILING	
P NASSAU, ARTHUR 10802 WILES RD CORAL SPRINGS FL		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is a true and correct copy of the information required by Chapter 205, Florida Statutes, for the purpose of filing the same with the Department of Revenue, Tallahassee, Florida.

SIGNATURE: **X** **Arthur Nassau** 5/8/95 305-753-8959
 SIGNATURE AND EXPIRATION DATE OF REGISTERED AGENT OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

MAY 11 1995

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # **L21491**

(0)

JOHN DEMARCO & ASSOCIATES, INC.

Principal Office Address: **% JOHN L. DEMARCO
13190 SPRING HILL DR #E
SPRING HILL FL 34609
US**

Mailing Address: **% JOHN L. DEMARCO
12738 SPLIT OAK DR
HUDSON FL 34667**

(Do Not Write in This Space)

3. Date Report Due for Filing 10/03/1989	3a. Date of Last Report 04/08/1994
4. FFI Number 59-2971683	Applied For ☐ Not Applicable
5. Certificate of Status Document ☐	\$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 income tax under S. 190.001 Florida Statutes. ☐ Yes ☒ No	

2. Principal Office Address	2a. Mailing Address
21. 12738 Split Oak Drive	26. 12738 Split Oak Drive
22. Hudson FL	27. FL
23. 34667	28. USA
24. 34667	29. USA

9. Name and Address of Current Registered Agent	
DEMARCO, JOHN L. 12738 SPLIT OAK DR HUDSON FL 34667	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, the person(s) of Section 607.01(1), and Part 1008, Florida Statutes, the above named corporation submits the statement for the person(s) filing its registered office and principal office for 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 authorized to accept the appointment. Chapter 607.01(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	ADDRESS	NAME	ADDRESS
1. DEMARCO, JOHN L.	12738 SPLIT OAK DR HUDSON FL	1. NAME	☐ Change ☐ Addition
2. NAME		2. NAME	☐ Change ☐ Addition
3. NAME		3. NAME	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. NAME		5. NAME	☐ Change ☐ Addition
6. NAME		6. NAME	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. NAME		8. NAME	☐ Change ☐ Addition
9. NAME		9. NAME	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. NAME		11. NAME	☐ Change ☐ Addition
12. NAME		12. NAME	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. NAME		14. NAME	☐ Change ☐ Addition
15. NAME		15. NAME	☐ Change ☐ Addition
16. NAME		16. NAME	☐ Change ☐ Addition
17. NAME		17. NAME	☐ Change ☐ Addition
18. NAME		18. NAME	☐ Change ☐ Addition
19. NAME		19. NAME	☐ Change ☐ Addition
20. NAME		20. NAME	☐ Change ☐ Addition

14. I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 1991-108, Florida Statutes. I further certify that the information included 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 1 or Block 13 of changed or new officer listed with an address.

SIGNATURE: *John L. Demarco, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 (813) 862-7749