FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L18181 (2)

THE BROWARD EXCHANGE, INC.

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

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

3. 09/21/1989

3a. 05/01/1994

2. 21 Mike's Gun & Pawn

2a. 26 1355 N. Military Trail

22

27

23

28 WEST PALM BEACH, FL

24 25

29 33409 30

4. FEI Number 65-0148999 — 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 — [X] Yes [ ] No

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 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: DOCKERY, LAURIE STREET ADDRESS: 250 SOUTH STATE RD. 7 CITY-ST-ZIP: HOLLYWOOD FL 33023	TITLE: PRESIDENT / SECRETARY [X] Change [ ] Addition
TITLE: ~~D~~ NAME: ~~GREENBERG, MARK~~ STREET ADDRESS: ~~4140 N.W. 90 AVENUE~~ CITY-ST-ZIP: ~~CORAL SPRINGS FL~~	TITLE: VICE PRESIDENT [X] Change [ ] Addition NAME: MICHAEL McMILLAN STREET ADDRESS: 1355 N. Military Trail CITY-ST-ZIP: W. PALM BEACH, FL 33409
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

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 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: Michael McMillan V/P 5/4/95 (407) 683-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael McMillan

0084787 CP

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CORPORATION ANNUAL REPORT 1995

APPROVED

DOCUMENT # L19560 (6)

1. PETERSON THERAPY SERVICES, INC.

Principal Place of Business	Mailing Address
~~2815 NEBRASK AVE 301 PT PIERCE FL 34950~~ US	~~2819 NEBRASKA AVE 30T FT PIERCE FL 34950~~ US

3. 09/26/1989 3a. 05/01/1994

4. FEI Number 65-0144078 Applied For / Not Applicable

2. Principal Place of Business: 21 291 SW OAKRIDGE DRIVE / 23 PORT ST.LUCIE, FL / 24 34984

2a. Mailing Address: 26 291 SW OAKRIDGE DRIVE / 28 PORT ST. LUCIE, FL / 29 34984

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. [X] 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 (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

PDS
NAME PETERSON, LYNN R.
291 S W OAKRIDGE DRIVE
PT ST LUCIE FL 34984

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. [illegible]

SIGNATURE: Lynn R Peterson PT Pres 050495 407-878-5767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0378533 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # L20209 (7)

ACCENT CLOSETS, INC.

10802 WILES RD
CORAL SPRINGS FL 33076

10802 WILES RD
CORAL SPRINGS FL 33076

3. 10/03/1989

3a. 05/01/1994

4. 59-2974261

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. $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

NASSAU, ARTHUR
10802 WILES RD
CORAL SPRINGS FL 33076

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

12. OFFICERS AND DIRECTORS

P
NASSAU, ARTHUR
10802 WILES RD
CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SIGNATURE: X Arthur Nassau x5/8/95 305-753-8959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0119178 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED

ANNUAL REPORT
1995

DOCUMENT # L21491 (0)

JOHN DEMARCO & ASSOCIATES, INC.

% JOHN L DEMARCO 13190 SPRING HILL DR #E SPRING HILL FL 34609 US	% JOHN L. DEMARCO 12738 SPLIT OAK DR HUDSON FL 34667

2. Principal Office Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 12738 Split Oak Drive	26	10/03/1989	04/08/1994
22	27	4. FEI Number 59-2971683	Applied For / Not Applicable
23 Hudson FL	28	5. Certificate of Status Desired	$8.75 Additional Fee Required
24 34667 25 USA	29 30	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
		8. This corporation has had, or is eligible for under S. 19[illegible] Florida Statutes	Yes X No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEMARCO, JOHN L. 12738 SPLIT OAK DR HUDSON FL 34667	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 607.1505, 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 corporation is authorized to transmit this statement to the Department of State 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

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS
D DEMARCO, JOHN L. 12738 SPLIT OAK DR HUDSON FL	Change Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of section 607.0505, Florida Statutes. I further 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 12 or Block 13 above or on an attachment with an address.

SIGNATURE: John L DeMarco, President 5-8-95 (813) 862-7748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0385087 CP