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 MAR 20 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25023 (7)

1. Corporation Name

ATLANTIS MOLDED PLASTICS, INC.

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DRIVE SUITE 800 MIAMI FL 33133-5401	2665 S. BAYSHORE DRIVE SUITE 800 MIAMI FL 33133-5401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1989
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0150616 — 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
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

KLEIN, PETER W.
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, EARL W.	1.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR. SUITE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5401	1.4 CITY-ST-ZIP	
TITLE	~~DP~~	2.1 TITLE	~~D/CEO/P/COO~~ ☒ Change ☐ Addition
NAME	~~HIGGINSON, B.E.~~	2.2 NAME	~~Higginson, B.E.~~
STREET ADDRESS	~~INDUSTRIAL HWY 60 WEST, P.O. BOX 3~~	2.3 STREET ADDRESS	~~Industrial Hwy 60 West, P.O. Box 3~~
CITY-ST-ZIP	~~HENDERSON KY 42420~~	2.4 CITY-ST-ZIP	~~Henderson, KY 42420~~
TITLE	~~VT~~	3.1 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME	~~DIGREGORIO, MICHAEL A.~~	3.2 NAME	Kuffner, Marilyn D.
STREET ADDRESS	~~2665 S. BAYSHORE DR. SUITE 800~~	3.3 STREET ADDRESS	2665 South Bayshore Drive
CITY-ST-ZIP	~~MIAMI FL 33133-5401~~	3.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	~~V~~	4.1 TITLE	VP/T/CFO ☒ Change ☐ Addition
NAME	~~BECKER, JOHN~~	4.2 NAME	Becker, John
STREET ADDRESS	~~INDUSTRIAL HWY 60 WEST, P.O. BOX 3~~	4.3 STREET ADDRESS	Industrial Hwy 60, P.O. Box 3
CITY-ST-ZIP	~~HENDERSON KY 42420~~	4.4 CITY-ST-ZIP	Henderson, KY 42420
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, PETER W.	5.2 NAME	
STREET ADDRESS	2665 S BAYSHORE DR. SUITE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5401	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, PHILLIP T MD	6.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR. SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5401	6.4 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.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/95 DATE

(305)858-2200 Daytime Phone #

0134347 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

TALLAHASSEE FLORIDA

DOCUMENT # L28731 (2)

1. Corporation Name
HOMESHIELD INDUSTRIES, INC.

Principal Place of Business
3585 EAST 10 CT
HIALEAH FL 33013

Mailing Address
3585 EAST 10 CT
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1989
3a. Date of Last Report: 03/30/1994
4. FEI Number: 65-0155382 ☐ 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
SMYLER, HENRY I. ESQUIRE
9200 SOUTH DADELAND BLVD. SUITE 520
MIAMI FL 33156

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

TITLE	D
NAME	NICKEL, JOHN
STREET ADDRESS	9200 S. DADELAND BLD.520
CITY-ST-ZIP	MIAMI 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

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP ☐ Change ☐ Addition

100001439981
-03/27/95--01022--001
****800.00 ****200.00

3/24/95 MST

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: John Nickel President — 3/17/95 — 305-691-2880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR