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 -1 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L26686 (0)

1. Corporate Name
THE FINEST KIND CORPORATION

Principal Place of Business
~~9910 E COLONIAL DR~~
~~#109~~
ORLANDO FL 32825

Mailing Address
~~9910 E COLONIAL DR~~
~~#109~~
ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/30/1989	06/07/1994

4. FEI Number: 59-2978534 — 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. [ ] Yes X No

2. Principal Place of Business	2a. Mailing Address
21 425 S. CHICKASAW TR.	26 425 S. CHICKASAW TR
Suite, Apt. # etc. 22 161	Suite, Apt. # etc. 27 161
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32825 County 25 ORANGE	Zip 29 32825 County 30 ORANGE

9. Name and Address of Current Registered Agent

WEIKERT, MERVIN D.
~~9910 E COLONIAL DR~~
~~#109~~
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 425 S. CHICKASAW TR. #161
83
84 City ORLANDO, FL FL 85 Zip Code 32825

11. [illegible]

Signature

12. OFFICERS AND DIRECTORS

D
WEIKERT, MERVIN D.
1026 JIB DR #211
ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. [illegible]

SIGNATURE: Mervin D Weikert MERVIN WEIKERT 4/26/95 407-384-6019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0040242 CP

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

APPROVED

DOCUMENT # L26719 (9)

1. Corporate Name
RICHARD J. ROBINSON, D.C., P.A.

Principal Place of Business	Mailing Address
917 E BLOOMINGDALE AVE BRANDON FL 33511	917 E BLOOMINGDALE AVE BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2976769	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NYMARK, DENNIS V ESQ 1216 OAKFIELD DR BRANDON FL 33511	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 [illegible] 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 [illegible] Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PST NAME: ROBINSON, RICHARD J STREET ADDRESS: 917 E BLOOMINGDALE AVE CITY-ST-ZIP: BRANDON FL	[ ] Change [ ] Addition
TITLE: D NAME: ROBINSON, RICHARD J STREET ADDRESS: 917 E BLOOMINGDALE AVE CITY-ST-ZIP: BRANDON FL	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: ✓ Dennis R. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4/1/95
Date

813-654-3921
Daytime Phone

0264970 CP