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 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L38633 (8)

1. Corporation Name

ACACIA HISTORICAL ARTS INTERNATIONAL INC.

Principal Place of Business

2358 S. OCEAN BLVD.
HIGHLAND BEACH, FL
33487

Mailing Address

C/O LINDA K. JOHNSON CPA, P.A.
6699 N. FED. HWY #102
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1989
3a. Date of Last Report: 1994
4. FEI Number: 65-0167373 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

HERTEL, GEORGE S.
4001 N. OCEAN BLVD. #502-B
BOCA RATON, FL 33431

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

TITLE	P/D
NAME	GREENE, CARROLL
STREET ADDRESS	16 W. OGLETHORPE AVE.
CITY-ST-ZIP	SAVANNAH, GA 31401
TITLE	D
NAME	INCE, PETER C.
STREET ADDRESS	2519 N. OCEAN BLVD. #401
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T/V/S
NAME	HERTEL, GEORGE S.
STREET ADDRESS	4001 N. OCEAN BLVD. #502-B
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	O'ROURKE, MICHAEL
STREET ADDRESS	1337 S.W. 2ND STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	☐ Change ☒ Addition
52 NAME	MC ALLISTER, JANE	
53 STREET ADDRESS	1081 N.W. 13TH STREET #1	
54 CITY-ST-ZIP	BOCA RATON, FL 33486	
61 TITLE	D	☐ Change ☒ Addition
62 NAME	HERTEL, MARILYN	
63 STREET ADDRESS	4001 N. OCEAN BLVD. #502-B	
64 CITY-ST-ZIP	BOCA RATON, FL 33431	C H

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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)(k), 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: George S. Hertel GEORGE S. HERTEL 407-274-9228

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

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

TALLAHASSEE, FLORIDA

DOCUMENT # L42289

1. Corporation Name
HENCOMCO INC

Principal Place of Business
10950 SW 179 ST
MIAMI FL
33157

Mailing Address
P.O. BOX 570281
MIAMI FL
33257-0281

3. Date Incorporated or Qualified: JAN 8 1990
3a. Date of Last Report: 3-10-94
4. FEI Number: 65-0170884 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 10950 SW 179 ST
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL
Zip
24 33157
Country
25 USA

2a. Mailing Address
26 PO. BOX 570281
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip
29 33257-0281
Country
30 USA

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
GEORGE JOHN HENNING
10950 SW 179 ST
MIAMI FL 33157

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 George John Henning GEORGE JOHN HENNING PRES/CEO 3-15-95

12. OFFICERS AND DIRECTORS

TITLE	PRES/CEO
NAME	GEORGE JOHN HENNING
STREET ADDRESS	10950 SW 179 ST
CITY, ST, ZIP	MIAMI FL 33157
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 ONLY

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		

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****200.00 ****200.00

3-20-95
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption [illegible] 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 [illegible] that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report [illegible] appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George John Henning GEORGE JOHN HENNING PRES/CEO 3-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
305-232-5831