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 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L48388** **(7)**

1. Corporate Name

THE ISLAND MARKET CORPORATION

Principal Place of Business

2345 SW 37TH AVE.
MIAMI FL 33145

Mailing Address

2345 SW 37TH AVE.
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **02/02/1990**

3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0177543**

Applied For / Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City, State — 23

City, State — 28

6. Election Campaign Financing Trust Fund Contribution: [ ] — **$5.00** May Be Added to Fee

ZIP — 24 — County — 25 — ZIP — 29 — County — 30

8. The corporation has filed, or is attempting to file, a request for reinstatement with the Florida Department of State: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

VALDEZ, ROBERT C.
2345 S.W. 37TH AVENUE
MIAMI FL 33145

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 Section 607.1622 (2) and (3), 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 (or agent of the corporation) to accept service of process for the corporation at the place designated in this certificate, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert C. Valdez — 5/15/95

12. OFFICERS AND DIRECTORS

Title	D
Name	VALDEZ, ROBERT C.
Address	2906 SW 37TH AVENUE 202
City-State-Zip	MIAMI FL
Title	D
Name	VALDEZ, SANDRA CHARLES
Address	8475 SW 94TH ST. APT. 311E
City-State-Zip	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (1)

[ ] Change [ ] Addition

14. To the best of my knowledge, that the information supplied with this blank is voluntarily furnished and true, and qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in the annual report or supplemental annual report filed and accepted and that its 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 14 above or on an attachment with an address.

SIGNATURE: Robert C. Valdez — 5/15/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0188822 CF

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"APPROVED AND FILED"
MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L48719** **(3)**

1. Corporate Name
ALLCOM, INC.

Principal Place of Business	Mailing Address
3418 HANDY RD., STE. 103 TAMPA FL 33618	3418 HANDY RD., STE. 103 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1990**	3a. Date of Last Report: **04/04/1994**
4. FEI Number: **59-3200628**	☐ 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 intangibles 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

DUNCAN, DEBRAH
~~**16101 DAWNVIEW DRIVE**~~
~~**TAMPA FL 33624**~~

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 17734 Coon Hide Road

83:

84 City: Spring Hill FL 85 Zip Code: 34610

11. Pursuant to the provisions of Section 607.0505 and/or 617.1908, 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: _____ Date: _____
(If changing Registered Agent, Registered Agent must sign above.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 Title	P	01 Title	☑ Change ☐ Addition
02 Name	MASON, ELLIOT	02 Name	
03 Street Address	7608 PASO DABLES CT.	03 Street Address	6238 EAGLEBROOK Ave
04 City, St, Zip	TAMPA FL	04 City, St, Zip	TAMPA, FL 33625
05 Title	V	05 Title	☑ Change ☐ Addition
06 Name	DUNCAN, JAMES	06 Name	
07 Street Address	~~16101 DAWNVIEW DRIVE~~	07 Street Address	17734 Coon Hide Road
08 City, St, Zip	~~TAMPA FL~~	08 City, St, Zip	Spring Hill FL 34610
09 Title	V	09 Title	☑ Change ☐ Addition
10 Name	DUNCAN, DEBRAH	10 Name	
11 Street Address	~~16101 DAWNVIEW DRIVE~~	11 Street Address	17734 Coon Hide Road
12 City, St, Zip	~~TAMPA FL~~	12 City, St, Zip	Spring Hill FL 34610
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 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 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: Elliot Mason — 5/15/95 — 813-968-2754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200152 CP

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1995

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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L49465** **(2)**

1. Corporation Name

ICONIX CORPORATION

Principal Place of Business	Mailing Address
C/O BRIAN E. HAMMOND 1012 E. HAMILTON AVE TAMPA FL 33604	C/O BRIAN E. HAMMOND 1012 E. HAMILTON AVE TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/13/1990**

3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-2992154** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMMOND, BRIAN E.
1012 E. HAMILTON AVE.
TAMPA FL 33604

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: [illegible] (New Registered Agent's signature required when filed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CLARK, R. DOUGLAS	12 NAME	
STREET ADDRESS	38 HOLIDAY HILL	13 STREET ADDRESS	
CITY ST ZIP	ENDICOTT NY	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HILLERY, RICHARD	22 NAME	
STREET ADDRESS	1904 BRUST AVE.	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, BRIAN E.	32 NAME	
STREET ADDRESS	1012 E. HAMILTON AVE.	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 attached sheet, with my address.

SIGNATURE: [signature] 3-17-95

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

0442818 FP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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95 MAY 23 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49637 (6)

1. Corporation Name

RENAISSANCE CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1637 LONG MEADOW RD FT MYERS FL 33919 US	1637 LONG MEADOW RD FT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

3. Date Incorporated or Qualified: 02/06/1990
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0168660 ☐ 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

DENNIS, MARK V.
1637 LONG MEADOW RD
FT MYERS FL 33919

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 617.0502, 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	PD	1 TITLE	☐ Change ☐ Addition
NAME	DENNIS, MARK V.	1 NAME	
STREET ADDRESS	1637 LONG MEADOW RD	1 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1 CITY-ST-ZIP	
TITLE	VST	2 TITLE	☐ Change ☐ Addition
NAME	DENNIS, ALLISON M.	2 NAME	
STREET ADDRESS	1637 LONG MEADOW RD	2 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	DENNIS, ALLISON M.	3 NAME	
STREET ADDRESS	1637 LONG MEADOW RD	3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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.

SIGNATURE: Allison M. Dennis 5-17-95 (813)482-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0323263 CP