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 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L49698** **(8)**

1. Corporation Name
FIRST COAST OUTDOOR ADVERTISING, INC.

Principal Place of Business
C/O ROBERT P. HARRY
1093 A1A BEACH BLVD., SUITE 190
ST. AUGUSTINE FL 32084
US

Mailing Address
1093 A1A BEACH BLVD.
SUITE 190
ST. AUGUSTINE FL 32084
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/05/1990**
3a. Date of Last Report: **02/15/1994**

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

4. FEI Number: **59-3000292** — 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

HARRY, ROBERT P.
5337 RIVERVIEW DR.
ST. AUGUSTINE FL 32084

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: Robert P. Harry, Jr. (Pres.) — 1/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARRY, ROBERT P	12 NAME	
STREET ADDRESS	5337 RIVERVIEW DR	13 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 the undersigned, 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: Robert P. Harry, Jr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/20/95 (904) 461-0171

0008197 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **L50528** **(3)**

1. Corporation Name
JOHN KNAPP INSURANCE, INC.

Principal Place of Business
1404 S. 28TH ST.
1404 SOUTH 28TH STREET
FT PIERCE FL 34949
US

Mailing Address
1404 S 28TH ST
FT PIERCE FL 34947
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/16/1990**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 County — 25

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

4. FEI Number: **65-0164214** ☐ 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

KNAPP, JOHN
1404 S 28TH ST
FT. PIERCE FL 34947

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 607.1502 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(S)
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent's address, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	PTSD	31 Title	☐ Change ☐ Addition
32 Name	KNAPP, JOHN	32 Name	
33 Street Address	1404 S 28TH ST	33 Street Address	
34 City, St, Zip	FT. PIERCE FL	34 City, St, Zip	
35 Title	VP	35 Title	☐ Change ☐ Addition
36 Name	KNAPP, JOSEPH	36 Name	
37 Street Address	1404 S 28TH ST	37 Street Address	
38 City, St, Zip	FT. PIERCE FL	38 City, St, Zip	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City, St, Zip		42 City, St, Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City, St, Zip		46 City, St, Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City, St, Zip		50 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	

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 attached sheet, with my address.

SIGNATURE: John M Knapp Pres 5/17/95 4074614388
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03002411 CP

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

[illegible] 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L51331** **(1)**

1. Entity Name

LM SALES, INC.

Principal Place of Business

705 INDUSTRY RD
LONGWOOD FL 32750

Mailing Address

705 INDUSTRY RD
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1990**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22

Suite, Apt. # or P.O. Box — 27

City & State — 23

City & State — 28

County — 24

County — 25

Zip — 29

Country — 30

4. FEI Number: **59-2990915** ☐ 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 authority to engage in business under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOTO, JOSE M.
705 INDUSTRY RD
LONGWOOD FL 32750 - 3602

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] (Registered Agent's signature required before mailing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
1 NAME	JOSE M. SOTO	1 NAME	
1 STREET ADDRESS	111 PINEAPPLE COURT	1 STREET ADDRESS	
1 CITY ST ZIP	LONGWOOD FL 32750 - 8000	1 CITY ST ZIP	
2 TITLE	VPT	2 TITLE	☐ Change ☐ Addition
2 NAME	LUZ E. ROLON SOTO	2 NAME	
2 STREET ADDRESS	111 PINEAPPLE COURT	2 STREET ADDRESS	
2 CITY ST ZIP	LONGWOOD FL 32750	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We 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 added to the report with an address.

SIGNATURE: José M. Soto José M. Soto 5/20/95 (407) 830-1255

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — (Date) — (Area Code & Daytime Phone Number)

0040882 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

[illegible] 10: 17

[illegible] OF STATE
[illegible], FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # L51579 (5)

1. Corporation Name

U.S.A. TILE AND MARBLE CORPORATION

Principal Place of Business	Mailing Address
~~C/O JOAQUIN GONZALEZ TELLEZ~~ 3325 NW 79TH AVE. MIAMI FL 33122-1015	~~C/O JOAQUIN GONZALEZ TELLEZ~~ 3325 NW 79TH AVE. MIAMI FL 33122-1015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0178438 — 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, 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

CAJIGAS, RICALDO *RICARDO*
3801 SW 58 CT
MIAMI FL 33155

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

Title	~~D~~
Name	~~TELLEZ, JOAQUIN GONZALEZ~~
Street Address	~~9830 SW 92ND STREET~~
City-St-Zip	~~MIAMI FL~~
Title	PD
Name	CAJIGAS, RICARDO
Street Address	3801 SW 58 CT
City-St-Zip	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. [illegible]

SIGNATURE: [signature] *RICARDO CAJIGAS* 5/16/95 (305) 471 9556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0110790 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

DOCUMENT # L51695 (9)

TOTAL REHABILITATION AND FITNESS CENTER, INC.

Principal Place of Business	Mailing Address
750 S. MILITARY TRAIL WEST PALM BCH. FL 33415	750 S. MILITARY TRAIL WEST PALM BCH. FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1990	3a. Date of Last Report: 04/05/1994
4. FEI Number: 65-0172315	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	[X] Yes [ ] No

2. Principal Place of Business: 1601 Forum Place, Suite 300, WPB Fl. 33401

2a. Mailing Address: SAME

9. Name and Address of Current Registered Agent

WAGNER, H. THOMAS, JR., C.P.A.
~~400 EXECUTIVE CENTER DRIVE~~
~~SUITE 207~~
WEST PALM BCH. FL 33401

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable): 1601 Forum Place
Suite 300
City: W.P.B. FL Zip Code: 33401

11. Pursuant to the provisions of ... Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent ... I hereby accept the appointment as registered agent. I am familiar with and accept the obligations ...

SIGNATURE 5/19/95

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	PRINCE, TROY O.
STREET ADDRESS	5814 S DIXIE HWY.
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	TD
NAME	PRINCE, TROY O.
STREET ADDRESS	5814 S DIXIE HWY.
CITY-ST-ZIP	WEST PALM BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing ... 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/19/95

0263301 CP

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
... PM 10: 15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **L52645** **(3)**

1. Corporation Name
JEDWAB CO.

Principal Place of Business	Mailing Address
1356 BIARRITZ DR MIAMI BEACH FL 33141	1356 BIARRITZ DR MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **02/15/1990**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **65-0232166** ☐ 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

JEDWAB, CHAIM
1356 BIARRITZ DR
MIAMI BEACH FL 33141

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 IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	JEDWAB, CHAIM	1.2 NAME	
STREET ADDRESS	1356 BIARRITZ DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	JEDWAB, VICTORIA	2.2 NAME	
STREET ADDRESS	1356 BIARRITZ DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: Victoria Jedwab Victoria Jedwab, V.P. — 3/23/95 — 866 1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160730 CP