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 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L65153** **(3)**

1. Corporate Name

ROOKERY BAY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3651 CORTEZ RD WEST STE 300 BRADENTON FL 34210 US	3651 CORTEZ RD WEST STE 300 BRADENTON FL 34210 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1990	3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0184683	☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No	

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

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

9. Name and Address of Current Registered Agent

BUSKIRK, FRANK A.
3651 CORTEZ RD WEST
STE 300
BRADENTON FL 34210

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 607.1501 and 617.1501 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER(S) AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DPT	1 TITLE	☐ Change ☐ Addition
1 NAME	BUSKIRK, FRANK A.	1 NAME	
1 STREET ADDRESS	3651 CORTEZ RD WEST STE 300	1 STREET ADDRESS	
1 CITY-ST-ZIP	BRADENTON FL	1 CITY-ST-ZIP	
2 TITLE	DV	2 TITLE	☐ Change ☐ Addition
2 NAME	BUSKIRK, EMILY B.	2 NAME	
2 STREET ADDRESS	3651 CORTEZ RD WEST STE 300	2 STREET ADDRESS	
2 CITY-ST-ZIP	BRADENTON FL	2 CITY-ST-ZIP	
3 TITLE	DS	3 TITLE	☐ Change ☐ Addition
3 NAME	DAWBORNE, EDNA	3 NAME	
3 STREET ADDRESS	3651 CORTEZ RD WEST STE 300	3 STREET ADDRESS	
3 CITY-ST-ZIP	BRADENTON FL	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 report is knowingly 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 1 or Block 11 if changed or added to this report.

SIGNATURE: Frank A. Buskirk — 5/1/95

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

FRANK A. BUSKIRK

0347644 CP

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CORPORATION ANNUAL REPORT

1995

DOCUMENT # L65846 (2)

1. AQUAMAN ENTERPRISES, INC.

% DAVID WEINTRAUB 1861 N.E. 196TH TERRACE N MIAMI BEACH FL 33179	% DAVID WEINTRAUB 1861 N.E. 196TH TERRACE N MIAMI BEACH FL 33179
2. Principal Place of Business	2a. Mailing Address
21 20330 N.E 3rd Ct.	26 20330 N.E. 3rd CT.
22 SUITE #4	27 SUITE #4
23 N. Miami Beach FL.	28 N Miami Bch., FL.
24 33179 25 USA	29 33179 30 USA

3. 03/22/1990 3a. 08/08/1994

4. FEI Number: 65-0267846 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. ☐ $5.00 May Be Added to Fees

9. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEINTRAUB, DAVID
1861 N.E. 196TH TERRACE
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: N/A

82 Street Address, P.O. Box Number or Rural Route: 20330 N.E. 3rd CT.

83 City: N. Miami Beach

84 FL 85 33179

11. [illegible]

12.	13.
D WEINTRAUB, DAVID 1861 N.E. 196TH TERR N MIAMI BEACH FL	P/D ☒ DAVID M WEINTRAUB 20330 N.E 3rd CT. SUITE #4 N. MIAMI BEACH, FL. 33179

14. [illegible]

SIGNATURE: David M. Weintraub 4/25/95 305-653-9867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0196382 CP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **L66254** **(8)**

1. Corporation Name

GRESCO OF COLLIER COUNTY, INC.

Principal Place of Business: 1771 YANKEE DOODLE RD, EAGAN MN 55121

Mailing Address: 1771 YANKEE DOODLE RD, EAGAN MN 55121

APPROVED AND FILED ... SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	04/18/1990
3a. Date of Last Report	05/01/1994
4. FEI Number	65-0195787
5. Certificate of Status Desired	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees

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

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

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC
1201 HAYES STREET
TALLAHASSEE FL 32301

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	GRESSER, JOAN M.
STREET ADDRESS	2000 ROYAL MARCO WAY 410
CITY-ST-ZIP	MARCO ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(☐ Change ☐ Addition — blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

14. I do hereby certify that the information supplied with this filing ... Florida Statutes ... that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan M. Gresser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0480259 FP

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CORPORATION ANNUAL REPORT

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

DOCUMENT # **L66462** **(7)**

1. Entity Name

M.M.E. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1505 S.E. 40TH ST. CAPE CORAL FL 33904	1505 S.E. 40TH ST. CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1990**	3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-3015676**	☐ 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. Request to be designated a qualified small business under § 288.703, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISHER, LEIGH M. 1505 S.E. 40TH ST. CAPE CORAL FL 33904	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 607.0501, 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. The 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	PVS	☐ Change ☐ Addition
NAME	EMBROLI, MARY MARGARET	
STREET ADDRESS	611 S.W. 57TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	☐ Change ☐ Addition
NAME	EMBROLI, MARY MARGARET	
STREET ADDRESS	611 S.W. 57TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We certify that the information supplied with this report is accurate and that this report complies with the requirements of Section 607.0501, 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 with an indication of my office.

SIGNATURE: [signature] 5/1/95 (813) 945-3911

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0321004 CP