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 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L70660** **(0)**

1. Corporate Name
D.L., R.N., INC.

Principal Place of Business
BOX 17840
PLANTATION FL 33318

Mailing Address
P.O. BOX 17840
PLANTATION FL 33318
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/02/1990**
3a. Date of Last Report: **06/01/1994**

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

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

4. FEI Number: **65-0193723** ☐ 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

LOWEN, DIANNE
5691 S.W. 2 STREET
PLANTATION FL 33317

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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	LOWEN, DIANNE	02 NAME	
03 STREET ADDRESS	5691 S.W. 2 STREET	03 STREET ADDRESS	
04 CITY ST ZIP	PLANTATION FL	04 CITY ST ZIP	
05 TITLE		05 TITLE	☐ Change ☐ Addition
06 NAME		06 NAME	
07 STREET ADDRESS		07 STREET ADDRESS	
08 CITY ST ZIP		08 CITY ST ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
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/We hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemptions 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 added above with an arrow.

SIGNATURE: Dianne Lowen 4/28/95 305-583-2726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0433000 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # **L72694** (7)

SEMINOLE WOODS REALTY, INC.

C/O JAMES E. ALFORD
P.O. BOX 999
OVIEDO FL 32765

C/O JAMES E. ALFORD
P.O BOX 999
OVIEDO FL 32765

3. 05/11/1990

3a. 05/01/1994

21 1412 Chippewa Ln.

26 1412 Chippewa Ln.

4. FEI Number 59-2395728 — Applied For / Not Applicable

22

27

5. $8.75 Additional Fee Required

23 GENEVA, FL.

28 GENEVA, FL.

6. $5.00 May Be Added to Fees

24 32732 25 USA

29 32732 30 USA

9. Name and Address of Current Registered Agent

ALFORD, JAMES E.
1412 CHIPPENA LANE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number Not Acceptable)

33

34 City FL 35 Zip Code

11. J.E. Alford, Pres. 1/12/95

12.

PD
ALFORD, JAMES E.
P.O. BOX 963 N/A
OVIEDO FL

13.

14. SIGNATURE: 1/12/95 407 365-2419

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR DIRECTOR

0043280 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

DOCUMENT # L72759 (8)

1. Corporation Name
WORTHY WALL WORKS, INC.

Principal Place of Business
% DAVID L. BEYRER
313 CHAMPLAIN DRIVE
DELTONA FL 32725

Mailing Address
% DAVID L. BEYRER
313 CHAMPLAIN DRIVE
DELTONA FL 32725

[illegible] TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3013547 ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24
Country 25

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

9. Name and Address of Current Registered Agent

BEYRER, DAVID L.
313 CHAMPLAIN DRIVE
DELTONA FL 32725

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] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	BEYRER, DAVID L.	1 NAME	
STREET ADDRESS	313 CHAMPLAIN DRIVE	1 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1 CITY-ST-ZIP	
TITLE	PST	2 TITLE	☐ Change ☐ Addition
NAME	BEYRER, DAVID L.	2 NAME	
STREET ADDRESS	313 CHAMPLAIN DRIVE	2 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		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 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: [signature] DAVID L. BEYRER 4-25-95 407-574-5709

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

0049447 CP