SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10: 03

DOCUMENT # **M01727** **(0)**

1. Corporation Name
CHARLES L. MORRISON, INC.

Principal Place of Business	Mailing Address
223 W. RIVERSIDE DR. JUPITER FL 33469	223 W. RIVERSIDE DR. JUPITER FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1984	3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2431122	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRISON, CHARLES L. 223 W. RIVERSIDE DR. JUPITER FL 33469	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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	MORRISON, CHARLES L.	12 NAME	
STREET ADDRESS	223 W RIVERSIDE DR	13 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORRISON, CHARLES L.	22 NAME	
STREET ADDRESS	223 W RIVERSIDE DR	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	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 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: Charles L. Morrison CHARLES L. MORRISON 6-9-95 407-744-7248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0005067 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M02428** **(4)**

1. Corporation Name

HERBERT H. APPLEBAUM, M.D., P.A.

Principal Place of Business	Mailing Address
C/O HERBERT H. APPLEBAUM, M.D. 12900 N.E. 17TH AVENUE, SUITE 200 NORTH MIAMI FL 33161-2047	C/O HERBERT H. APPLEBAUM, M.D. 12900 N.E. 17TH AVENUE, SUITE 200 NORTH MIAMI FL 33161-2047

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1984
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 59-2408973 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)	City & State (28)	6. [illegible] ☐ **$5.00** May Be Added to Fees
Zip (24) / County (25)	Zip (29) / County (30)	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
APPLEBAUM, HERBERT H., M.D. 12900 N.E. 17TH AVENUE SUITE 200 NORTH MIAMI FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS AND CHANGES	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	APPLEBAUM, HERBERT H. MD	12 NAME	
STREET ADDRESS	12900 N.E. 17TH AVENUE	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI 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	

CR2E034 (3/95)

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: Herbert H. Applebaum, M.D. 6-12-95 305-895-8285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001024 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M04630** **(3)**

1. Corporation Name

C.O.B.A.D. CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
1301 W. 68TH ST. SUITE D HIALEAH FL 33014	1301 W. 68TH ST. SUITE D HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1984	3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2442106	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX	$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: XX 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

RODRIGUEZ, ROY
8042 W. 21ST AVENUE, SUITE #4B
HIALEAH FL 33016

10. Name and Address of New Registered Agent

61 Name: Roy Rodriguez
62 Street Address (P.O. Box Number is Not Acceptable): 1301 W. 68th St.
63: Suite D
64 City: Hialeah, 65 FL Zip Code: 33014

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: Roy Rodriguez, President — 6-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	P/D	XX Change ☐ Addition
NAME	RODRIGUEZ, ROY	12 NAME	Rodriguez, Roy	
STREET ADDRESS	8042 WEST 21ST AVENUE	13 STREET ADDRESS	1301 W. 68th St., Suite D	
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	Hialeah, Fl. 33014	
TITLE	V	21 TITLE		XX Change ☐ Addition
NAME	TATUM, HARVEY C.	22 NAME		
STREET ADDRESS	1301 W. 68TH STREET	23 STREET ADDRESS	629 Sunset Road	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	Miami, Fl. 33143	
TITLE	V	31 TITLE		XX Change ☐ Addition
NAME	SMITH, CHARLES R.	32 NAME	(Charles R. Smith is no longer with	
STREET ADDRESS	11766 SW 92ND TERR	33 STREET ADDRESS	C.O.B.A.D. Construction Corp. Please	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	see attachments)	
TITLE	ST	41 TITLE	S/T/D	XX Change ☐ Addition
NAME	GOMEZ, JESUS M.	42 NAME		
STREET ADDRESS	1731 S.W. 98TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE	VP	☐ Change XX Addition
NAME	VITALE, GERARD M.	52 NAME		
STREET ADDRESS	13711 SHERIDAN ST.	53 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	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 attachment with an address.

SIGNATURE: Roy Rodriguez, President — 6-6-95 — (305)823-4889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0010750 CP

April 13, 1995

C.O.B.A.D. CONSTRUCTION CORPORATION
Stockholders & Directors

Directors:

Jesus M. Gomez
Roy Rodriguez

Corporate Officers and Stockholders:

Roy Rodriguez	President
Jesus M. Gomez	Chairman, Secretary & Treasurer
Gerard M. Vitale	Vice President
C. Harvey Tatum	Vice President

C.O.B.A.D. CONSTRUCTION CORP. • 8042 West 21st Avenue • Suite 4B • Hialeah, FL 33016 • (305) 823-4000 • Fax: (305) 558-0020