FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M65855** **(2)**

1. Corporate Name

NORTH * STAR STAIRWAYS, INC.

Principal Place of Business

ROBERT C. MALT
600 ROSELAND DR
WEST PALM BEACH FL 33405
US

Mailing Address

ROBERT C. MALT
600 ROSELAND DR
WEST PALM BEACH FL 33405
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/26/1988**	3a. Date of Last Report: **05/10/1994**
4. FEI Number: **59-1815664**	☐ 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. The corporation has already or elects to pay its 1995 Florida Intangibles Tax: ☐ Yes ☐ No	

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25
2a. Mailing Address — 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

MALT, ROBERT C.
4627-D ORLEANS COURT
WEST PALM BEACH FL

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 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered agent and, if applicable, the principals of the new registered agent certify that the registered agent is familiar with and accepts the obligations of section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	MALT, ROBERT C.
Street Address	600 ROSELAND DR
City-St-Zip	WEST PALM BEACH FL
Title	P
Name	THIEL, JOHN T.
Street Address	11295 175TH ROAD, NORTH
City-St-Zip	JUPITER FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip

☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip

☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip

☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip

☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip

☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip

14. I do hereby certify that the information supplied with this report is complete, accurate and current as of the date of this report. I further certify that the information indicated on this report or supplemental report is true and accurate and that the signature below is in accordance with Section 607.0128, Florida Statutes. I further certify 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 above or on an attachment with an entry above.

SIGNATURE: [signature] 5/19/95

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

0245354 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] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M66626 (6)

1. Corporation Name

LLOYD THIEBOLT TRUCKING, INC.

Principal Place of Business	Mailing Address
% GARY A. POE 3580 W. HIGHWAY 44 INVERNESS FL 32650	% GARY A. POE 3580 W. HIGHWAY 44 INVERNESS FL 32650

3. Date Incorporated or Qualified 01/26/1988	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2907755	☐ 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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 Zip · 25 Country	29 Zip · 30 Country

9. Name and Address of Current Registered Agent

POE, GARY A.
103 NORTH APOPKA AVE.
INVERNESS FL 32650

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 IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	THIEBOLT, LLOYD	12 NAME	
STREET ADDRESS	113 INDIANOLA RD	13 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER TX	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)(i), Florida Statutes. I further certify that the information indicated on the 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: Lloyd Thiebolt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 12 95
Date

[illegible]
Daytime Phone #

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] PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M67637** **(2)**

1. Corporate Name

HORIZONS UNLIMITED TRAVEL, INC.

Principal Place of Business	Mailing Address
2728 S. CHICKASAW TRAIL ORLANDO FL 32829	2728 S. CHICKASAW TRAIL ORLANDO FL 32829

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/10/1988**	3a. Date of Last Report: **03/14/1994**
4. FEI Number: **65-0026260**	☐ 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 is managed by [illegible] Florida Statutes. ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

GERSTENBERG, GENIE
HORIZONS UNLIMITED TRAVEL, INC
2728-S CHICKASAW TR
ORLANDO FL 32829

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 [illegible] and 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 617.0501, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICER AND DIRECTOR
TITLE	VT	☐ Change ☐ Addition
NAME	GERSTENBERG, ROGER	
STREET ADDRESS	4917 REGINALD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PS	☐ Change ☐ Addition
NAME	GERSTENBERG, GENIE	
STREET ADDRESS	4917 REGINALD ROAD	
CITY-ST-ZIP	ORLANDO 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 declare I 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 617, Florida Statutes; and that my name appears in Block 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: *Genie Gerstenberg* GENIE GERSTENBERG 5/17/95 404-281-0836

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

0085012 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 # M67818 (8)

1. Entity Name
NEOPOLITAN POOLS, INC.

FILED
95 MAY 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
3440 25TH AVE. S.W.
P.O. BOX 7882
NAPLES FL 33941

Mailing Address
3440 25TH AVE. S.W.
P.O. BOX 7882
NAPLES FL 33941

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City, State
23
24 25

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

4. FEI Number: 65-0040003
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/will be/intends to be under S. 190.002, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DARNELL, PHILIP B.
1020 EIGHTH AVE. S.
SUITE 7
NAPLES FL 33940

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 607.1022, or 617.1808, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
KUYPERS, KEVIN
3440 25TH AVE. S.W.
NAPLES FL

VT
KUYPERS, BARBARA
3440 25TH AVE. S.W.
NAPLES FL

S
FELDMAN, DONALD J
PO BOX 7882 NA
NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

S
Lightner, Larry L
Po Box 7882
Naples, FL 33941

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, and I am familiar with the requirements of Section 607.1622, Florida Statutes. I further certify 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 above, or on an attachment with an address.

SIGNATURE: Barbara Kuypers BARBARA KUYPERS 5/9/95 8134552574
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

0492048 FP

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
FILED
[illegible] 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M69507** **(5)**

1. Corporation Name

CASSE PROPERTIES, INC.

Principal Place of Business
14300 N. MAGNOLIA CITRA FL 32626
P.O. BOX 729
SPARR FL 32192

Mailing Address
14300 N. MAGNOLIA CITRA FL 32626
P.O. BOX 729
SPARR FL 32192

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3010391	☐ 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 AS ABOVE	2a. Mailing Address 26 AS ABOVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

CASSE, NORMAN E.
14303 N.MAGNOLIA AVE. CITRA FL. 32626
SPARR FL 32192

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	CASSE, NORMAN E.
STREET ADDRESS	14303 N MAGNOLIA
CITY-ST-ZIP	CITRA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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(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: Norman E Casse 5/17/95 904-595-8819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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

MAY 19 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M69965** **(5)**

1. Corporate Name

204 CENTURY CORP., INC.

Principal Place of Business	Mailing Address
204 CENTURY 21 DRIVE JACKSONVILLE FL 32216	204 CENTURY 21 DRIVE JACKSONVILLE FL 32216

(FILED ABOVE BY THIS SPACE)

3. Date incorporated (or qualified): **02/29/1988**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2879905**	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. Is corporation subject to provisions of Florida Statutes: [X] Yes [ ] No	

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

9. Name and Address of Current Registered Agent

DEESE, PAUL N.
#602
1551 SOUTH 1ST STREET
JACKSONVILLE FL 32250

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(s) 607.0505 and/or 607.1008, 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, and the appointment of its registered agent (and further with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
Title	PD	Title	[ ] Change [ ] Addition
Name	DEESE, PAUL N.	Name	
Address	1551 S. 1ST ST., APT.602	Address	
City-St-Zip	JAX. BCH. FL	City-St-Zip	
Title	SD	Title	[ ] Change [ ] Addition
Name	TIPTON, ROBERT C.	Name	
Address	26 TALLWOOD RD.	Address	
City-St-Zip	JAX. BCH. FL	City-St-Zip	
Title	ASD	Title	[ ] Change [ ] Addition
Name	CURY, N. GENE	Name	
Address	3100 UNIVERSITY BLVD.,S.	Address	
City-St-Zip	JAX FL	City-St-Zip	
Title	D	Title	[ ] Change [ ] Addition
Name	CURY, BETTY D.	Name	
Address	3100 UNIVERSITY BLVD.,S.	Address	
City-St-Zip	JAX FL	City-St-Zip	
Title		Title	[ ] Change [ ] Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	
Title		Title	[ ] Change [ ] Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	

14. To the best of my knowledge, I certify that the information contained herein 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 above, or on an attachment with an address.

SIGNATURE: *Paul N. Deese*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 1995
Date

0017644 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] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M70401** **(8)**

1. Corporation Name
ISLAND GULF, INC.

Principal Place of Business
7581 CUMBERLAND ROAD #7
LARGO FL 34647

Mailing Address
7581 CUMBERLAND ROAD #7
LARGO FL 34647

3. Date Incorporated or Qualified: **03/02/1988**
3a. Date of Last Report: **02/18/1994**

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

4. FEI Number: **59-2884653**
☐ 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

LYBECK, ELIZABETH ANN
7581 CUMBERLAND RD. #7
LARGO FL 34647

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
TITLE	**PS**
NAME	**LYBECK, ELIZABETH**
STREET ADDRESS	**7581 CUMBERLAND RD #7**
CITY-ST-ZIP	**LARGO FL**
TITLE	**D**
NAME	**LYBECK, RONALD E**
STREET ADDRESS	**7581 CUMBERLAND ROAD #7**
CITY-ST-ZIP	**LARGO FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
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: Elizabeth Lybeck Pres/Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95
Date

813-398-1027
Daytime Phone #

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

DOCUMENT # M71350 (6)

1. Corporation Name

PASTA MARKET CATERING, INC.

Principal Place of Business:
C/O PAUL D'ALTO
6419 NEWBERRY ROAD
GAINESVILLE FL 32605-4338

Mailing Address:
C/O PAUL D'ALTO
2413 NE 19TH DR
GAINESVILLE FL 32609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2902768 [ ] 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 [X] No

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)

9. Name and Address of Current Registered Agent

D'ALTO, PAUL
6419 NEWBERRY ROAD
GAINESVILLE FL 32605

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 ____ Registered Agent signature required when reinstating ____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	[ ] Change [ ] Addition
NAME	D'ALTO, PAUL	12 NAME	
STREET ADDRESS	6419 NEWBERRY ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	[ ] Change [ ] Addition
NAME	D'ALTO, ANTHONY	22 NAME	
STREET ADDRESS	47 CHARCOAL HILL RD.	23 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	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: [signature] MAR-15-95 904-372-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034014 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

TALLAHASSEE, FLORIDA

DOCUMENT # **M71563** **(4)**

1. Corporate Name
INTEGRA BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
701 ENTERPRISE RD. E STE 300 SAFETY HARBOR FL 34695	701 ENTERPRISE RD. E STE 300 SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1988**
3a. Date of Last Report: **08/10/1994**

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

4. FEI Number: **59-2874420** ☐ 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 changing 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
SANDERS, WALTER 13910 N. DALE MABRY HWY. SUITE ONE TAMPA FL 33618	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 607.0505, 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 (if any)	
Title Name Street Address City-State-Zip	P WIESSNER, ALAN J. 1608 HUNTINGTON LANE SAFETY HARBOR FL	Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip	ST WIESSNER, ALAN J. 1608 HUNTINGTON LANE SAFETY HARBOR FL	Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition

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 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: Alan J. Wiessner ALAN J. WIESSNER 5/16/95 813-725-4507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348840 CP