FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 JAN 23 PM 12:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **M76807** **(O)**

1. Corporate Name

MIRAMAR PODIATRY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
6151 MIRAMAR PARKWAY MIRAMAR FL 33023	6151 MIRAMAR PARKWAY MIRAMAR FL 33023

(Do Not Write In This SPACE)

3. Date Incorporated / Qualified: **04/18/1988**

3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0047066** — Applied For / Not Applicable

Suite, Apt. # or Rte — 22

Suite, Apt. # or Rte — 27

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

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — Country — 30

8. This corporation has only the powers and duties listed in Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAMOND, MARTIN J.
6151 MIRAMAR PARKWAY
MIRAMAR FL 33023

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 607.1505 and 607.1508 Florida Statutes, the above named corporation submits the 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/OR DIRECTORS IN 12	
91	DP	91	☐ Change ☐ Addition
92 NAME	DIAMOND, MARTIN J.	92 NAME	
93 STREET ADDRESS	6151 MIRAMAR PKWY.	93 STREET ADDRESS	
94 CITY-ST-ZIP	MIRAMAR FL	94 CITY-ST-ZIP	
95	DST	95	☐ Change ☐ Addition
96 NAME	SACHS, BARRETT E.	96 NAME	
97 STREET ADDRESS	6151 MIRAMAR PKWY.	97 STREET ADDRESS	
98 CITY-ST-ZIP	MIRAMAR FL	98 CITY-ST-ZIP	
99		99	☐ Change ☐ Addition
100 NAME		100 NAME	
101 STREET ADDRESS		101 STREET ADDRESS	
102 CITY-ST-ZIP		102 CITY-ST-ZIP	
103		103	☐ Change ☐ Addition
104 NAME		104 NAME	
105 STREET ADDRESS		105 STREET ADDRESS	
106 CITY-ST-ZIP		106 CITY-ST-ZIP	
107		107	☐ Change ☐ Addition
108 NAME		108 NAME	
109 STREET ADDRESS		109 STREET ADDRESS	
110 CITY-ST-ZIP		110 CITY-ST-ZIP	
111		111	☐ Change ☐ Addition
112 NAME		112 NAME	
113 STREET ADDRESS		113 STREET ADDRESS	
114 CITY-ST-ZIP		114 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 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 1 or Block 11 if changed or added above with an address.

SIGNATURE: Martin J. Diamond — MARTIN J. DIAMOND — **1/9/95** — **305-961-8484**

SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0095043 CP

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CORPORATION ANNUAL REPORT 1995

DOCUMENT # M78258 (4)

1. AMERICAN BLOODSTOCK, INC.

10800 BISCAYNE BLVD
SUITE 600
N. MIAMI FL 33161
US

10800 BISCAYNE BLVD
#600
N. MIAMI FL 33161
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated: 04/27/1988
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0080661 — 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

2. Principal Office Address:
21 1747 VAN BUREN ST.
22 730 SUITE
23 HOLLYWOOD FL
24 33020 25 U.S.A.

2a. Mailing Address:
26 1747 VAN BUREN ST
27 SUITE 730
28 HOLLYWOOD FL
29 33020 30 USA

9. Name and Address of Current Registered Agent

LEVINE, MORRIE I.
780 N.E. 69TH ST.
SUITE 316
MIAMI FL 33138

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. SIGNATURE

12. OFFICERS AND DIRECTORS

PD
SUTTON, BRIAN
6039 COLLINS AVE., #1514
MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[X] Change
P.D.
SUTTON, BRIAN
1011 YALE DRIVE
HOLLYWOOD FL. 33021

14. SIGNATURE: [signature] B.D. SUTTON 5.19.95 305.925.9977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0174220 CP

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

[illegible] 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M79200 (5)

1. Corporation Name
AQUANAUTIQUE, INC.

Principal Place of Business	Mailing Address
3020 HARTLEY RD STE 350 JACKSONVILLE FL 32257 US	3020 HARTLEY RD STE 350 JACKSONVILLE FL 32257 US

3. Date Incorporated or Qualified: **04/28/1988**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-2889473** — Applied For / Not Applicable

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

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 [illegible], Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEPER, RICHARD C., JR, ESQ.
3020 HARTLEY ROAD
STE 350
JACKSONVILLE FL 32257

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]

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LLOYD, ROGER
STREET ADDRESS	1705 3RD AVENUE NORTH
CITY-ST-ZIP	JACKSONVILLE BCH. 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 (each with ☐ Change ☐ Addition)

1. TITLE	
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	
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(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: Roger M. Lloyd 18 / May / 95 (904) 646-2937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002082 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M79204 (7)

1. Corporate Name

PREMIUM FINANCE SERVICES, INC.

Principal Office Address	Mailing Address
25 BISCAYNE BLVD. SUITE 1810 MIAMI FL 33131	25 BISCAYNE BLVD. SUITE 1810 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1988
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21 1000 S. DALE MABRY	26 5559 N. ELSTON AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FLORIDA	City & State 28 CHICAGO, ILLINOIS
Zip 24 33629 Country 25	Zip 29 60630 Country 30

4. FEI Number: 65-0048733 — 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. 199.052 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Roger G. Wulf
82 Street Address: 1000 S. Dale Mabry
83
84 City: TAMPA FL 85 Zip Code: 33629

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, 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 ...

SIGNATURE: [signature] 5/16/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
VP TARSITANO, GEORGE J. 5559 N ELSTON AVENUE CHICAGO IL 60630	[ ] Change [ ] Addition
S BLUSTEIN, RENEE 5559 N ELSTON AVENUE CHICAGO, IL 60630 60690	[ ] Change [ ] Addition
T JANUSZEWSKI, JERRY S. 5559 N. ELSTON AVENUE CHICAGO, IL 60630	[ ] Change [ ] Addition
DP WULF ROON G. 3559 N. ELSTON AVE. CHICAGO IL 60630	[X] Change [ ] Addition WOLF, ROGER G. 5559 N. ELSTON AVE.
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

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)(n), 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] 5/16/95 312-775-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120126 CP