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 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M81938** **(6)**

1. Corporate Name

THE BYRD DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
% MICHAEL A. BYRD POST OFFICE BOX 19595 JACKSONVILLE FL 32245	% MICHAEL A. BYRD POST OFFICE BOX 19595 JACKSONVILLE FL 32245

DO NOT WRITE IN THIS SPACE

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)

3. Date Incorporated or Qualified: 05/20/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 64-0762640 ☐ 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	10. Name and Address of New Registered Agent
BYRD, MICHAEL A. 4342 BLUE HERON DR. PONTE VEDRA BEACH FL 32082	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 617.0502, 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 [signature] MAY 10, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	BYRD, MICHAEL A.	1 NAME	
STREET ADDRESS	4342 BLUE HERON DR.	1 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1 CITY-ST-ZIP	
TITLE	DTV	2 TITLE	☐ Change ☐ Addition
NAME	BYRD, ETTA CLAIRE	2 NAME	
STREET ADDRESS	4342 BLUE HERON DR.	2 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH 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 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 and any 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] MAY 10, 1995 (904) 273-5594

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

0407477 FP

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1995

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M82325** **(5)**

1. Corporation Name

COMET EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
6701 N.W. 15TH AVENUE FT. LAUDERDALE FL 33309	6701 N.W. 15TH AVENUE FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1988**	30. Date of Last Report: **05/24/1994**
4. FEI Number: **65-0052183**	☐ 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 been, is, or will be a qualified beneficiary under Section 288.703, Florida Statutes. ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

HANSON, PETER R.
6701 N.W. 15TH AVENUE
FT. LAUDERDALE 33309

10. Name and Address of New Registered Agent

31 Name

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

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0501 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

(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, new agent must sign above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Date)	
01 Title	PD	11 Title	☐ Change ☐ Addition
02 Name	HANSON, PETER R.	12 Name	
03 Street Address	6701 N.W. 15TH AVENUE	13 Street Address	
04 City, St, ZIP	FT. LAUDERDALE FL	14 City, St, ZIP	
05 Title		21 Title	☐ Change ☐ Addition
06 Name		22 Name	
07 Street Address		23 Street Address	
08 City, St, ZIP		24 City, St, ZIP	
09 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
11 Street Address		33 Street Address	
12 City, St, ZIP		34 City, St, ZIP	
13 Title		41 Title	☐ Change ☐ Addition
14 Name		42 Name	
15 Street Address		43 Street Address	
16 City, St, ZIP		44 City, St, ZIP	
17 Title		51 Title	☐ Change ☐ Addition
18 Name		52 Name	
19 Street Address		53 Street Address	
20 City, St, ZIP		54 City, St, ZIP	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 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 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 on an attachment with an address.

SIGNATURE: Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 (Date) 1-800-326-6401 (Telephone Number)

0216001 CP

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Division of Corporations

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[illegible] PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82756 (1)

1. Corporate Name
C.B.G. LAND COMPANY, INC.

Principal Place of Business
% CRAIG GOLDSTEIN
3818 NW 49TH STREET
TAMARAC FL 33309

Mailing Address
% CRAIG GOLDSTEIN
3818 NW 49TH STREET
TAMARAC FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 05/01/1994

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 25 29 30

4. FEI Number: 65-0054219
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 annually for inflation tax under s. 196.012 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GOLDSTEIN, CRAIG
3818 NW 49TH STREET
TAMARAC FL 33309

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 607.1605 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		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
01 TITLE	DPS	11 TITLE	☐ Change ☐ Addition
02 NAME	GOLDSTEIN, CRAIG	12 NAME	
03 STREET ADDRESS	3818 N.W. 49TH STREET	13 STREET ADDRESS	
04 CITY ST ZIP	TAMARAC FL	14 CITY ST ZIP	
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY ST ZIP		24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [illegible] 5-18-95 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0210000 CF