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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:36

DOCUMENT # **M83931** **(9)**

1. Corporation Name
MASTER'S BRUSH SIGNS, INC.

Principal Place of Business	Mailing Address
241 DOUGLAS RD E **S#3** **OLDSMAR FL 34677**	**241 DOUGLAS RD E** **S#3** **OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/06/1988**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2899211** ☐ 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

ZAJAC, KONSTANTY
3284 TARPON WOOS BLVD
PALM HARBOR FL 34685

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 _____ DATE
(Signature, type(s) or print(s) name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ZAJAC, KONSTANTY	12 NAME		
STREET ADDRESS	3284 TARPON WOODS BLVD	13 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ZAJAC, LUDMILA	22 NAME		
STREET ADDRESS	3284 TARPON WOODS BLVD	23 STREET ADDRESS		
CITY ST ZIP	PALM HARBOR 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 added on an attachment with an address.

SIGNATURE: K. Zajac - KONSTANTY ZAJAC 5/30/95 813-855266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR

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Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # M85598 (4)

1. Corporation Name
PRAENDEX CONSULTING, INC.

Principal Place of Business	Mailing Address
13575 58TH ST. N. STE 107 CLEARWATER FL 34620	13575 58TH ST. N. STE 107 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/15/1988	11/07/1994

4. FEI Number: 59-2893832 ☐ 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

DENTINGER, JAMES L
13575 58TH ST. NORTH
SUITE 107
CLEARWATER FL 34620

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 ______ 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	PSD	1 1 TITLE	☐ Change ☐ Addition
NAME	DENTINGER, JAMES L	1 2 NAME	
STREET ADDRESS	6211 SECOND STREET SOUTH	1 3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	1 4 CITY ST ZIP	
TITLE	VT	2 1 TITLE	☐ Change ☐ Addition
NAME	DENTINGER, JAMES L	2 2 NAME	
STREET ADDRESS	6211 SECOND ST. SOUTH	2 3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(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: James L. Dentinger JAMES L. DENTINGER 6/1/95 813-538-4168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070007 CP

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DIVISION OF CORPORATIONS

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DOCUMENT # **M86955** **(5)**

1. Corporation Name

MICROTECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1460 N.W. 107TH AVENUE, SUITE G **MIAMI FL 33172**	**1460 N.W. 107TH AVENUE, SUITE G** **MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1988**	3a. Date of Last Report: **05/09/1994**
4. FEI Number: **65-0088348**	☐ 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

RESTREPO, HUMBERTO
1460 N.W. 107TH AVENUE, SUITE G
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: AGUIAR, TOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 1460 N.W. 107 AVE. SUITE G.
83
84 City: MIAMI, FL **FL** 85 Zip Code: 33172

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: [signature] DATE: 6-1-95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	RESTREPO, HUMBERTO	12 NAME	AGUIAR, TOMAS
STREET ADDRESS	1460 N.W. 107TH AVENUE, SUITE G	13 STREET ADDRESS	1460 N.W. 107 AVE. SUITE G
CITY ST ZIP	MIAMI FL 33172	14 CITY ST ZIP	MIAMI, GL 33172
TITLE	D	21 TITLE	S T ☐ Change ☐ Addition
NAME	AGUIAR, TOMAS	22 NAME	AGUIAR, MINERVA
STREET ADDRESS	1460 N.W. 107TH AVENUE, SUITE G	23 STREET ADDRESS	1460 N.W. 107 AVE. SUITE G.
CITY ST ZIP	MIAMI FL 33172	24 CITY ST ZIP	MIAMI, FL 33172
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] Tomas Aguiar 6-1-95 305-715-9991

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

0186084 CP