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 -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M90221** **(6)**

1. Corporate Name
CHESLER ENTERPRISES, INC.

Principal Place of Business
1194 HILLSBORO MILE #63
HILLSBORO FL 33062

Mailing Address
1194 HILLSBORO MILE #63
HILLSBORO FL 33062

3. Date Incorporated or Qualified: **07/18/1988**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

9. Name and Address of Current Registered Agent

WEISMAN, WILLIAM S.
600 CORPORATE DR
SUITE 100
FT LAUDERDALE FL 33334

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	CHESLER, BARRY S.
STREET ADDRESS	1194 HILLSBORO MILE, #63
CITY-ST-ZIP	HILLSBORO 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

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(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 this 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: Barry S. Chesler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barry S. CHESLER

April 28, 1995
Date

0104564 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

95 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92284** **(2)**

1. Corporate Name

ROSARIO & ANGELA, INC.

Principal Place of Business	Mailing Address
308 SOUTH HIGHWAY A1A FLGLER BEACH FL 32036	6 BELVEDERE LANE PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/03/1988**	3a. Date of Last Report: **11/14/1994**
4. FEI Number: **59-2907014**	☐ 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	

21 2. Principal Place of Business

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

26 2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

DI BELLA, ANGELA
6 BELVEDERE LANE
PALM COAST FL 32137

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 607.1622 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: P NAME: DIBELLA, ROSARIO STREET ADDRESS: 6 BELVEDERE LANE CITY-ST-ZIP: PALM COST FL 32137	☐ Change ☐ Addition
TITLE: V NAME: DIBELLA, ANGELA STREET ADDRESS: 6 BELVEDERE LANE CITY-ST-ZIP: PAML COST FL 32137	☐ 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

14. I/We hereby certify that the information supplied with this filing is true, accurate, complete and current; that I/we have not changed or omitted any information required by Florida Statutes to be stated in this report; and that I/we are aware of the penalties for making false statements in this report. I/We hereby 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 by this report or on an attachment with an address.

SIGNATURE: Angela Di Bella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA DI BELLA

Date Daytime Phone #

0403892 FP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED
MAY
FILED

DOCUMENT # M92966 (4)

1. Corporate Name

LOTUS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
5800 W SR 26 TRENTON FL 32693	5800 W SR 26 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/05/1988	06/23/1994

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 / County 25	Zip 29 / County 30

4. FEI Number	Applied For
59-2911913	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

DOSHI, PARESH A.
5800 W SR 26
TRENTON FL 32693

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 607.0502 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] 4/29/95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	D	1 Title	☐ Change ☐ Addition
1 Name	DOSHI, PARESH A.	1 Name	
1 Street Address	P. O. BOX 1360 N/A	1 Street Address	
1 City-State-Zip	CROSS CITY FL	1 City-State-Zip	
2 Title	D	2 Title	☐ Change ☐ Addition
2 Name	KAKAD, YOGENDRA P.	2 Name	
2 Street Address	6128 COATBRIDGE LANE	2 Street Address	
2 City-State-Zip	CHARLOTTE NC	2 City-State-Zip	
3 Title	D	3 Title	☐ Change ☐ Addition
3 Name	DAVE, N. B.	3 Name	
3 Street Address	829 W BUFFALO	3 Street Address	
3 City-State-Zip	TAMPA FL	3 City-State-Zip	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City-State-Zip		4 City-State-Zip	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City-State-Zip		5 City-State-Zip	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City-State-Zip		6 City-State-Zip	

14. I hereby certify that the information supplied with this report is true. For profit corporations only: I further certify that the mandatory Annual Report/Uniform Business Report will be filed within the time prescribed by law, and that all other applicable requirements of Florida Statutes pertaining to this report, including but not limited to Section 607.0505, Florida Statutes, have been complied with. I am a director or officer 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: [signature] 4/29/95

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR (DATE)

0413066 FP