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 MAR 20 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93466 (4)

1. Corporation Name
S & R RENTALS, INC.

Principal Place of Business
13344 S.W. 73RD TERRACE
MIAMI FL 33183

Mailing Address
13344 S.W. 73RD TERRACE
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1988
3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0074042 ☐ Applied For ☒ Not Applicable

2. Principal Place of Business
21 MIAMI BEACH
Suite, Apt #, etc.
22 7879 CRESPI BLVD
City & State
23 MIAMI BEACH FL
Zip
24 33141
Country
25 DADE

2a. Mailing Address
26 13344 SW 73 TR
Suite, Apt #, etc.
27
City & State
28 MIA FLA
Zip
29 33138
Country
30 DADE

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**

RIVERA, RAMON
13344 SW 73RD TERRACE
MIAMI FL 33183

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIVERA, RAMON
STREET ADDRESS	13344 SW 73RD TERRACE
CITY-ST-ZIP	MIAMI 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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95 386-2080
DATE DAYTIME PHONE

0200728 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # M97641 (8)

1. Corporation Name
KAY DEE MARKETING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% KEITH J. HEINER ONE POMPANO SQ. SUITE E-25 POMPANO BEACH FL 33062	% KEITH J. HEINER ONE POMPANO SQ. SUITE E-25 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1988
3a. Date of Last Report: 04/07/1994

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: 65-0069066 ☐ 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

HEINER, KEITH J.
ONE POMPANO SQ.
SUITE E-25
POMPANO BEACH FL 33062

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 changing. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEINER, KEITH J.
STREET ADDRESS	8691 N.W. 56TH ST.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D
NAME	HEINER, DIANE G.
STREET ADDRESS	8691 N.W. 56TH ST.
CITY-ST-ZIP	CORAL SPRINGS 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

1.1 TITLE ☐ Change ☐ Addition / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP

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****200.00 ****200.00

3/20/95 MS

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: Keith J. Heiner KEITH HEINER 3/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

305 281-6102
0104700 CP