FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **M98195** **(4)**

1. Corporate Name

CARPENTER RUDD TITLE INSURANCE AGENCY CORPORATIO N

APPROVED
4/13
FILED

EXAMINED BY: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~JAMES D. RUDD~~ 5461 N FEDERAL HWY FT. LAUDERDALE FL 33308	~~JAMES D. RUDD~~ 5461 N FEDERAL HWY FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1988

3a. Date of Last Report: 02/09/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Henry B Carpenter	26 c/o Henry B. Carpenter
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
24 25	29 30

4. FEI Number: 65-0072042 — 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

7. The corporation is organized for the purpose of transacting any and all lawful business under Chapter 607, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~RUDD, JAMES D.~~ 5461 N FEDERAL HWY FT. LAUDERDALE FL 33308	81 Name: Henry B. Carpenter 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1022, 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 (if any) and agree to act in this capacity. I am familiar with, and accept the obligations of, Section 607.325, Florida Statutes.

Signature: Henry B Carpenter, President 4/12/95

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICER AND DIRECTOR DATA
~~DST~~ CARPENTER, HENRY B. 5461 N FEDERAL HWY FT. LAUDERDALE FL	PVTSD Henry B Carpenter 5461 N Federal Hwy Ft. Lauderdale, FL 33308 ☒ Change ☐ Addition
~~DST~~ ~~RUDD, JAMES D.~~ 5461 N FEDERAL HWY FT. LAUDERDALE FL	delete Rudd entirely ☒ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I, the undersigned, being the officer(s) or director(s) listed above, do hereby voluntarily request that this corporation be reinstated pursuant to Section 607.1422, Florida Statutes. I further certify that the information indicated on this report or supplemental attached report is true and accurate and that my signature shall serve as 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 I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE: Henry B Carpenter, President 4/12/95 (305) 772-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0218497 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M98245** (7)

1. Corporation Name

CONSUMER COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
3461 BONITA BAY BLVD. SUITE 222 BONITA SPGS. FL 33923 US	3461 BONITA BAY BLVD. SUITE 222 BONITA SPGS. FL 33923 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5100 N. TAMIAMI TRAIL	2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 SUITE # 103-39	Suite, Apt. #, etc.: 27
City & State: 23 NAPLES, FL	City & State: 28
Zip: 24 33940 Country: 25 USA	Zip: 29 Country: 30

3. Date Incorporated or Qualified: 09/12/1988

3a. Date of Last Report: 05/12/1994

4. FEI Number: 65-0072021 ☐ 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**

CRAWFORD, J. STEPHEN
5551 RIDGEWOOD DRIVE
SUITE 201
NAPLES FL 33963

10. **Name and Address of New Registered Agent**

81 Name: J. STEPHEN CRAWFORD
82 Street Address (P.O. Box Number is Not Acceptable): 5129 CASTELLO DR. ~~STE. # F~~
83 SUITE 1
84 City: NAPLES FL 85 Zip Code: 33940

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	WALTERS, DONALD R.	1 NAME	
STREET ADDRESS	300 PARK SHORE DR., PHC	1 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	WALTERS, SHIRLENE E.	2 NAME	
STREET ADDRESS	300 PARK SHORE DR., PHC	2 STREET ADDRESS	
CITY-ST-ZIP	NAPLES 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 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: Shirlene E. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95 (813) UNTIL 5/6/95 (941) 649-0410

0324183 CP

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 22 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99781 (0)

1. Corporation Name

CELSIUS CONTRACTORS, INC.

Principal Place of Business: P.O. BOX 22168, LAKE BUENA VISTA FL 32830

Mailing Address: P.O. BOX 22168, LAKE BUENA VISTA FL 32830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1988

3a. Date of Last Report: 04/21/1994

4. FEI Number: 59-2910506 — 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 | 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

9. Name and Address of Current Registered Agent

ALLEN, NEIL
8 DOPEY DR
LAKE BUENA VISTA FL 32830-2168

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 Sec. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ALLEN, NEIL
STREET ADDRESS	8 DOPEY DR
CITY-ST-ZIP	LAKE BUENA VISTA FL
TITLE	VP
NAME	AGUILAR, F. A.
STREET ADDRESS	8 DOPEY DRIVE
CITY-ST-ZIP	LAKE BUENA VISTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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] 5/16/95 407/827-4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Allen - President

0418302 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] 10:15

[illegible] FLORIDA

DOCUMENT # **N02014** **(1)**

1. Corporate Name

CONDORS FLYING CLUB OF CORAL SPRINGS, INC.

Principal Place of Business

P O BOX 8891
CORAL SPRINGS FL 33065-0643

Mailing Address

P O BOX 8891
CORAL SPRINGS FL 33065-0643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1984

3a. Date of Last Report: 02/23/1994

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SKANTAR, GEORGE
11000 N.W. 24TH ST.
CORAL SPRINGS FL 33065

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 _____ (Attach typed or printed name of Registered Agent) (Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	CARDILLO, DICK	12 NAME	ROB LEON	
STREET ADDRESS	2765 SE 2 CT	13 STREET ADDRESS	5205 NW 54TH STREET	
CITY ST ZIP	POMPANO BCH FL	14 CITY ST ZIP	COCONUT CREEK FL 33073	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	CLAERBOUT, PAUL	22 NAME	LES WADSWORTH	
STREET ADDRESS	7616 PARKVIEW AY	23 STREET ADDRESS	6135 NW 49RD STREET	
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	MANKA, LARRY	32 NAME		
STREET ADDRESS	3358 DC LAKESHORE DR	33 STREET ADDRESS		
CITY ST ZIP	DEERFIELD BCH FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SKANTAR, GEORGE	42 NAME		
STREET ADDRESS	11000 NW 24 ST	43 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	44 CITY ST ZIP		
TITLE	VPD	51 TITLE	VPD	☒ Change ☐ Addition
NAME	WOODARD, PAUL	52 NAME	BOB PISANIE	
STREET ADDRESS	5730 NW 74 PL	53 STREET ADDRESS	8324 N. CORAL CIRCLE	
CITY ST ZIP	COCONUT CREEK FL	54 CITY ST ZIP	N. LAUDERDALE FL 33068	
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	CERRITO, DOUG	62 NAME		
STREET ADDRESS	2548 SE 10TH COURT	63 STREET ADDRESS		
CITY ST ZIP	POMPANO BEACH FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] TD GEORGE SKANTAR 5-15-95 305 344-1939

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

0040618