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 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M98296** (0)

1. Corporation Name
SOUTHERN COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
529 SE CLIFF ROAD PORT ST. LUCIE FL 34984	529 SE CLIFF ROAD PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified: 09/13/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0072901 — 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 — 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

9. Name and Address of Current Registered Agent

KOENIG, JEFFREY S.
529 SE CLIFF ROAD
PORT ST. LUCIE FL 34984

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1 TITLE	☐ Change ☐ Addition
NAME	KOENIG, JEFFREY S.	1 NAME	
STREET ADDRESS	529 SE CLIFF RD	1 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	1 CITY-ST-ZIP	
TITLE	T	2 TITLE	☐ Change ☐ Addition
NAME	KOENIG, JEFFREY S.	2 NAME	
STREET ADDRESS	529 SE CLIFF RD	2 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE 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(1), 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] JEFFREY S. KOENIG 4/10/95 407 336-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0303034 CP

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CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **M98578** **(1)**

1. Corporate Name

JEMJ FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
8950 SW 117TH STREET MIAMI FL 33176	8950 SW 117TH STREET MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1988
3a. Date of Last Report: 04/21/1994

2. Principal Office Address	2a. Mailing Address
21 9350 S. DIXIE HWY	26 9350 S. DIXIE HWY
22 1220	27 1220
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
24 33156 25	29 33156 30

4. FEI Number: NOT APPLICABLE 65-0273041 ☐ 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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'BRIEN, RICHARD F.
1428 BRICKELL AVE., PENTHOUSE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SPECTOR, RICHARD M
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. BAYSHORE DRIVE
83 SUITE 1600
84 City: MIAMI **FL** 85 Zip Code: 33133

11. SIGNATURE: Richard M. Spector 5/1/95

12. DIRECTORS/OFFICERS

Title	PD
Name	BINDER, JEFF
Street Address	8950 SW 117TH STREET
City-St-Zip	MIAMI FL
Title	STD
Name	BINDER, LEE
Street Address	8950 SW 117TH STREET
City-St-Zip	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section ..., Florida Statutes. ...

SIGNATURE: [signature] 4/27/95 (305) 670-9773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0192361 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 ...
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M98606** **(0)**

1. Corporation Name

MULTI-EXPRESS SERVICES, INC.

Principal Place of Business	Mailing Address
% MICHAEL E. SIMPSON 8430 52ND LANE N PINELLAS PARK FL 34665	% MICHAEL E. SIMPSON 8430 52ND LANE N PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **09/15/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2906815** — 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
SIMPSON, MICHAEL E. 8430 52ND LANE N. PINELLAS PARK FL 34665	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 ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMNPSON, MICHAEL E.	1.2 NAME	
STREET ADDRESS	8430 52ND LANE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON DELORES	2.2 NAME	
STREET ADDRESS	8430 52ND LANE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK 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(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 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] MICHAEL Simpson — 5-1-95 — 813 541 5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / TELEPHONE #

0460632 FP