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

95 MAY -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006348 (6)**

1. Corporate Name

MOONLIGHT PLAYERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
131 WATERMAN AVE MOUNT DORA FL 32757	P O BOX 6 MOUNT DORA FL 32757

3. Date Incorporated or Qualified: **12/29/1994** | 3a. Date of Last Report:

4. FEI Number: **(59-3293089** | ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. [illegible] ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status AJO — **$68.75** Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EVANS, MAGGIE B 131 WATERMAN AVE MOUNT DORA FL 32757	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 or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changed

12. * OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRESIDENT T	11 TITLE	☐ Change ☐ Addition
NAME	JAN SHELDON	12 NAME	
STREET ADDRESS	17521 S.R. 19	13 STREET ADDRESS	
CITY ST ZIP	GROVELAND, FL 34736	14 CITY ST ZIP	
TITLE	VICE-PRESIDENT T	21 TITLE	☐ Change ☐ Addition
NAME	SARA ACHOR	22 NAME	
STREET ADDRESS	14324 JOHNS LAKE RD.	23 STREET ADDRESS	
CITY ST ZIP	CLERMONT, FL 34711	24 CITY ST ZIP	
TITLE	TREASURER T	31 TITLE	☐ Change ☐ Addition
NAME	RICHARD JUDKINS	32 NAME	
STREET ADDRESS	17521 S.R. 19	33 STREET ADDRESS	
CITY ST ZIP	GROVELAND, FL 34736	34 CITY ST ZIP	
TITLE	SECRETARY	41 TITLE	☐ Change ☐ Addition
NAME	DIANA WHITE T	42 NAME	
STREET ADDRESS	693 CHESTNUT	43 STREET ADDRESS	
CITY ST ZIP	CLERMONT, FL 34711	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	

REMITTED BY MAY 1

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: James E Sheldon President 4-26-95 (904)787-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000072

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 JUL 21 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001037 (8)

1. Corporation Name
High Rise Services, Inc.

Principal Place of Business: 215 S. 57TH Avenue Hollywood, FL 33023
Mailing Address: (same)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 215 S. 57TH Ave.	2a. Mailing Address: (same)
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Hollywood, FL	City & State
Zip: 33023 / Country: USA	Zip / Country

3. Date Incorporated or Qualified: 12/28/93
3a. Date of Last Report: 4/95
4. FEI Number: 65-0456992 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

McCaughan, Paul J.
215 S. 57TH Avenue
Hollywood, FL 33023

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL
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) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	McCaughan, Paul J.
STREET ADDRESS	215 S. 57TH Avenue
CITY-ST-ZIP	Hollywood, FL 33023
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	T.S. 7/21/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition — D
NAME	Cecci, Laurie
STREET ADDRESS	215 S. 57TH Avenue
CITY-ST-ZIP	Hollywood, FL 33023
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	800001545698
STREET ADDRESS	-07/25/95--01091--020
CITY-ST-ZIP	*****61.25 *****61.25
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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 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: (X) [signature] Paul J. McCaughan (X) 7-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P94000001076 (6)

1. Corporate Name
STARFLEET, INC.

Principal Office
1281 SOUTH MAIN ST
BELLE GLADE FL 33430

Mailing Address
1281 SOUTH MAIN ST.
BELLE GLADE FL 33430

95 JUL 19 PM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1993
3a. Date of Last Report: 06/06/1994
4. FEI Number: 65-0461879 — 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 Office (21) — 2a. Mailing Address (26)
Suite, Apt. # (22) — Suite, Apt. # (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARRUZA, CARLOS M 1281 SOUTH MAIN ST. BELLE GLADE FL 33430	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	11 TITLE	☐ Change ☐ Addition
NAME	ARRUZA, CARLOS M	12 NAME	400001545054
STREET ADDRESS	% 1281 SOUTH MAIN ST.	13 STREET ADDRESS	-07/25/95--01053--003
CITY-ST-ZIP	BELLE GLADE FL 33430	14 CITY-ST-ZIP	****225.00 ****225.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ARRUZA, SILVIA B	22 NAME	
STREET ADDRESS	% 1281 SOUTH MAIN ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ARRUZA, ANTONIO E	32 NAME	
STREET ADDRESS	% 1281 SOUTH MAIN ST.	33 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	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	

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SIGNATURE: [signature] Carlos M. Arruza 6/26/95 (407) 832-0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0282024 CP