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 PM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30830** **(4)**

1. Current Name

MARTIN & MACFARLANE, INC.

Principal Place of Business

P.O. BOX 2599
PASO ROBLES CA 93447

Mailing Address

P.O. BOX 2599
PASO ROBLES CA 93447

Do not write in this space

2. Date Incorporated/Qualified in Florida		3. Date Last Report	3a. Date of Last Report
21	26	09/04/1990	05/01/1994
State Agent's Name	State Agent's Name	4. FEI Number	Applied For
22	27	95-2743749	Not Applicable
U.S. Postal Office	U.S. Postal Office	5. Certificate of Status Desired	$8.75 Additional Fee Required
23	28	6. Officer Compensation Question	$5.00 May Be Added to Fees
24	25 29 30	8. Did corporation hold an interest in real property in Florida?	Yes No

9. Name and Address of Current Registered Agent

PREMIERE BEVERAGE CORPORATION
7454 BROKERAGE DRIVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: Anne Bennett
82 Street Address (P.O. Box Number Not Acceptable): 1600 N.W. 163rd Street
83 [illegible]
84 City: Miami FL 85 Zip Code: 33169

11. Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent, as changed, are set forth above. I hereby accept the appointment as registered agent (if any).

(Signature)

12. Officer/Director Data

C
MARTIN, E.T.
P.O. BOX 877 N/A
OJAI CA

P
MARTIN, TOM
P.O. BOX 2599 N/A
PASO ROBLES CA

V
MARTIN, DOMINIC
P.O. BOX 2599 N/A
PASO ROBLES CA

S
WEYRICH, DAVID
P.O. BOX 2599 N/A
PASO ROBLES CA

13. Additional Changes to Officers and/or Directors

Change ☐ Add ☐

Change ☐ Add ☐

V
David Weyrich
P.O. Box 2599 N/A
Paso Robles, CA 93447

Change ☒ Add ☐

Change ☐ Add ☐

Change ☐ Add ☐

14. [illegible]

SIGNATURE: David Weyrich, Exec. V.P. 4-21-95 805-239-1640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

040811 FN

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1995

DOCUMENT # P31214 (0)

MONKEYWRENCH, INC.

1632 W. UNIVERSITY AVE
GAINESVILLE FL 32601

1632 W. UNIVERSITY AVE
GAINESVILLE FL 32601

3. 10/05/1990 3a. 04/15/1994

4. 58-1908957

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

26. P.O. Box 1983

28. Athens, GA

29. 30603 30. USA

9. Name and Address of Current Registered Agent

HARVEY, DAVID
1632 W UNIVERSITY AVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

FL

12.

P
HARVEY, DAVID
1632 W UNIVERSITY AVE
GAINESVILLE FL
VCD
HOLT, W. JEFFERSON
340 BOULEVARD
ATHENS GA

13.

14.

SIGNATURE: DAVID C. HARVEY 11/01/94 (VP/V/PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0034423 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P31677 (8)

AMERICAN BONDING COMPANY

6245 E BROADWAY BLVD #600
TUCSON AZ 85711

6245 E BROADWAY BLVD #600
TUCSON AZ 85711

3. Date Incorporated/Qualified: 10/02/1990

3a. Date of Last Report: 02/28/1994

4. FEI Number: 47-6026801 (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. Does corporation owe back taxes? Yes / No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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. [illegible]

12.	13.
PD	PD
ASKEW, EMIL B	STEVEN L RAMSEY
5749 N PONTATOC DR	5620 Territory Dr.
TUCSON AZ	Tucson, AZ 85715
VD	VD
PACE, DON H.	DANIEL J. BERGE
6419 E MIRAMIST PL	6042 N Camino Arizpe
TUCSON AZ	Tucson, AZ 85718
DC	VP
TERRY, CHARLES HERMAN	EDWARD CONNELLY
4657 PRINCE EDWARD DR.	3920 N Calle Hondonada
JACKSONVILLE FL	Tucson, AZ 85715
S	T
SANTIAGO, ANN	GARY CASPER
5051 N SABINO CANYON RD	799 W Crear Creek Way
TUCSON AZ	Tucson, AZ 86737
TVP	
STALICK, THEODORE R	
2417 N DIAMOND LAKE DR	
TUCSON AZ	
D	
BARRETT, FRANCIS J	
516 S 119 ST	
OMAHA NE	

14. [illegible]

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0491205 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(Profit Corporations)

ACCEPTED
FILED
95 MAY -1 PM 12:22
TALLAHASSEE, FLORIDA

DOCUMENT # **P31727** (1)

1. Corporate Name
NTSI CORPORATION

Principal Office Address
1235 WOODROW STREET NORTHEAST
SALEM OR 97303-3214

Mailing Address
1235 WOODROW STREET NORTHEAST
SALEM OR 97303-3214

(REQUIRED ITEMS SPACE)

3. Date Incorporated/Qualified: **11/08/1990**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **94-2363798** — Applied For / Not Applicable

Principal Place of Business — 22
Mailing Address — 27

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

County of Principal Place of Business — 23
County of Mailing Address — 28

6. Name of Country (Optional) ☐ **$5.00** May Be Added to Fees

24 — 25 — 29 — 30

8. The corporation has elected, for corporate tax purposes, to be taxed under Subchapter S: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LINNAN, NANCY G.
215 SOUTH MONROE, SUITE 410
TALLAHASSEE FL 32301

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. The corporation desires to change its principal place of business as set forth above, to change the address to which mail is sent, or to change the registered office or registered agent, or both, with respect to the Florida corporation named above. I hereby authorize the appointment of the registered agent to this corporation.

Signature

12. Officer/Director Name(s) & Address

PCD
CHASE, JEFFREY M.
1211 96TH AVE. SOUTHEAST
BELLEVUE WA

D
FARNQUIST, BOB
19765 GRAYSTONE LANE
SAN JOSE CA

VC
ALEXIS, DORIS
1179 THEO WAY
SACRAMENTO CA

13. Additional Officer/Director Name & Address — ☐ Add ☐ Delete

14. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity is familiar with, and accepts the obligations of, its position as registered agent under Florida law.

SIGNATURE: 3/21/95 503-364-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0402140 FN

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

DOCUMENT # P31941 (8)

1. Corporation Name

L.C. SERVICE COMPANY DELAWARE , INC.

Principal Place of Business: 1 CLAIBORNE AVENUE, NORTH BERGEN NJ 07047

Mailing Address: 1 CLAIBORNE AVENUE, NORTH BERGEN NJ 07047

3. Date Incorporated or Qualified: 10/30/1990

3a. Date of Last Report: 04/29/1994

4. FEI Number: 22-3039893

5. Certificate of Status desired — $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

FL

12. Names and Addresses of Officers and Directors

Title	Name	Address	City/State
CD	CHAZEN, JEROME A.	%1441 BROADWAY	NEW YORK NY
DAS	MARGOLIS, JAY	%1441 BROADWAY	NEW YORK NY
VAS	MILLER, SAM	%1441 BROADWAY	NEW YORK NY
VAS	KRIEGER, WALTER L.	%1441 BROADWAY	NEW YORK NY
VAS	KARP, ROBERTA S.	%1441 BROADWAY	NEW YORK NY

13. Additions / Changes to Officers and Directors

SIGNATURE: X [signature] — Robert McKeon 4-19-95 (201) 295-7782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0394300 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 9 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32512** **(6)**

1. Entity Name
CLINICAL NURSE SPECIALISTS, INC.

Principal Place of Business
2828 CROASDAILE DR.
DURHAM NC 27705

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US

JAN 9 1995

3. Date Incorporated / Qualified
01/14/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
56-1613507
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 a nonprofit association pursuant to Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
22
23
24
25 USA

2a. Mailing Address
26
27
28
29
30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box Number or Rural Route (Not Acceptable)
83
84 City FL 85 Zip Code

11. Each corporation organized under the laws of Florida and each foreign corporation authorized to transact business in Florida is required to file an annual report with the Department of State. Failure to file the annual report will subject the corporation to penalties prescribed by law.

12.
PD
WALLS, BERTRAM E M.D.
2828 CROASDAILE DR.
DURHAM NC
VDT
SYNCH, SALLY S CPA
2828 CROASDAILE DR.
DURHAM NC
SD
MEYER-SMITH, DEBBIE
2828 CROASDAILE DR.
DURHAM NC
AS
JACOBS, JOANN M
2828 CROASDAILE DR.
DURHAM NC
AS
SNEDEKER, ANGELA M
2828 CROASDAILE DRIVE
DURHAM NC

13. Additional Officer/Director Information
[ ] Type [ ] Add
[X] Type [ ] Add
Lynch, Sally S. CPA
[ ] Type [ ] Add
[ ] Type [ ] Add
[ ] Type [ ] Add
[ ] Type [ ] Add

14. Under penalties of perjury, I certify that I am familiar with and authorized to sign the annual report for the corporation named above, and that this report complies with the requirements of Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State that are identified for payment on this report form.

SIGNATURE: Angela M Snedeker Angela M. Snedeker 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002630 CP