FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORP. REPORT
ANNUAL REPORT
1995

APPROVED
AND
FILED
95 MAY 23 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000370 (6)**

1. Corporate Name
VIGNETTE'S, INC.

Principal Place of Business
~~RT. 2 BOX 6680~~
35 CLAYTON LANE
SANTA ROSA BCH FL 32459

Mailing Address
~~RT. 2 BOX 6680~~
35 CLAYTON LANE
SANTA ROSA BCH. FL 32459

(Document will be returned to this address.)

3. Date Incorporated/Qualified: **10/28/1992**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: ~~APPLIED FOR~~ 59-3152353 — Applied For / Not Applicable
21 35 Clayton Lane	26 35 Clayton Lane	
Post Office Box	Post Office Box	
22	27	5. Certificate of Status (optional) ☐ — $8.75 Additional Fee Required
23 Santa Rosa Bch. Fl	28 Santa Rosa Bch. Fl.	6. Election Campaign Finance Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
24 32459 25 Walton	29 32459 30 Walton	8. Is this corporation now, or anticipate to qualify as a "Section 1244 Stock" corporation? Check One: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRIST, JAMIE B
RT. 2 BOX 6816
GRAYTON BEACH FL 32459

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. Each corporation organized pursuant to Florida Statutes, Chapter 607, and each foreign corporation authorized to transact business in Florida, is required to file, within the time period prescribed by law, an annual report. Failure to file the annual report will subject this corporation to administrative dissolution or revocation.

12. Officer/Director Information

PT
CHRIST, JAMIE B
CLAYTON LANE RT. 2 BOX 6680
SANTA ROSA BCH. FL 32459

~~VPS~~
~~MCKENZIE, MARY LYNN~~
~~CLAYTON LANE RT. 2 BOX 6680~~
~~SANTA ROSA BCH. FL 32459~~

13. Additional Officer/Director Information

☒ Change ☐ Add — Delete

14. I hereby certify that the information supplied with this report is true, complete, and accurate, and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: Jamie B. Christ JAMIE CHRIST May 17, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR

904-23-2439

0411485 FP

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

95 MAY -8 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001098 (2)**

1. Current Name
B & J MACHINERY, INC.

Principal Office Address	Mailing Address
2655 PLYMOUTH-SORRENTO RD. APOPKA FL 32712 US	2655 PLYMOUTH-SORRENTO RD APOPKA FL 32712 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1992**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
ZIP / Country
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
ZIP / Country
29 30

4. FEI Number: **59-3174074** ☐ 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
RAMEY, JAMES T **2655 PLYMOUTH-SORRENTO ROAD** **APOPKA FL 32712**	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 Section 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: (If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, new Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	RAMEY, JAMES T	02 NAME	
03 STREET ADDRESS	2655 PLYMOUTH-SORRENTO RD.	03 STREET ADDRESS	
04 CITY-ST-ZIP	APOPKA FL 32712	04 CITY-ST-ZIP	
05 TITLE	D	05 TITLE	☐ Change ☐ Addition
06 NAME	RAMEY, BLENDIA C	06 NAME	
07 STREET ADDRESS	2655 PLYMOUTH-SORRENTO RD.	07 STREET ADDRESS	
08 CITY-ST-ZIP	APOPKA FL 32712	08 CITY-ST-ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY-ST-ZIP		12 CITY-ST-ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY-ST-ZIP		16 CITY-ST-ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY-ST-ZIP		20 CITY-ST-ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true. For profit corporations only: I further certify that the information indicated on this 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 with an asterisk (*) or an attached list with an address.

SIGNATURE: Blendia C. Ramey Blendia C. Ramey 5-17-95 407-889-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

0000107 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA ANNUAL REPORT

1995

DOCUMENT # **P92000001591 (6)**

1. Current Name

AL NASCI DETAILING, INC.

Principal Place of Business	Mailing Address
2650 SOUTH FEDERAL HIGHWAY STUART FL 34997	2650 SOUTH FEDERAL HIGHWAY STUART FL 34997

(If Not Applicable, Leave Blank)

3. Date of Incorporation or Qualification: 11/03/1992

3a. Date of Last Report: 10/05/1994

21	2785 SE Garden St.	26	2785 SE Gardinst
22		27	
23	STUART, Florida	28	Stuart, Florida
24	34994	25	MARTIN
29	34994	30	Martin

4. FEI Number: 65-0370281 — 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 been authorized to transact business in Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

NASCI, AL
2650 SOUTH FEDERAL HIGHWAY
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name: NASCI, AL

82 Street Address (P.O. Box Number is Not Acceptable): 2785 SE GARDEN STREET

83

84 City: STUART FL 85 ZIP Code: 34994

11. Pursuant to the provisions of Section 607.0505, 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. The 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: (Required when mailed)

12. OFFICER/DIRECTOR	13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTORS
TYPE: D NAME: NASCI, AL STREET ADDRESS: 2387 S.E. HARRISON STREET CITY-ST-ZIP: STUART FL 34997	TYPE: D ☐ Change ☐ Addition NAME: ~~NASCI, AL~~ STREET ADDRESS: ~~4101 SW SAXBROOK ST.~~ CITY-ST-ZIP: ~~Port St. Lucie, FL 34953~~
	TYPE: D ☑ Change ☐ Addition NAME: NASCI, AL STREET ADDRESS: 5359 SE Dell St. CITY-ST-ZIP: STUART, FL 34994
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate, and that such information complies with the applicable provisions of Section 607.0505, Florida Statutes. I further certify that the information indicated on this 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 I am familiar with the obligations of section 607.0505, Florida Statutes, and that I am aware of those obligations with respect to filing this report with the Department.

SIGNATURE: Alfonso Nasci 5/18/95 (407) 223-0708

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

0380730 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED
AND
FILED

10: 15

TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001667 (4)**

OCEAN STAR PRODUCTIONS, INC.

3015 NW 79 STREET C76
MIAMI FL 33147

3015 NW 79 STREET C76
MIAMI FL 33147

3. 11/03/1992

3a. 06/01/1994

4. FEI Number: 65-0366974 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

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

21 22 23 24 25 26 3015 N.W. 79th St 27 Box 24 28 MIAMI FL 29 33147 30 USA

8. Business days, if applicable

9. Name and Address of Current Registered Agent

MIZRACHI, MOSHE
3105 NW 79 STREET C76
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number not Acceptable)

83

84 FL 85 Zip Code

11. The undersigned hereby submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

12. OFFICER AND DIRECTOR DATA

P
MIZRACHI, MOSHE
3015 NW 79 STREET SUITE C76
MIAMI FL 33147

V
MIZRACHI, S.C.
3015 NW 79 STREET SUITE C76
MIAMI FL 33147

13. ADDITIONS, CHANGES, DELETIONS AND CORRECTIONS

14. The undersigned hereby certifies that the information contained herein, including any attachments, is true and accurate to the extent required to be reported as of the date of this report. Florida Statutes require that any changes to this information be reported within 30 days after the occurrence of the change regardless of whether these changes occur before or after this report is required to be filed. Failure to file a report may result in the administrative dissolution of the corporation.

SIGNATURE: S.C. Mizrachi Susan C. Mizrachi III 5-18-95 (305)(593-4067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0161173 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 30 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001765 (6)**

1. Corporation Name
5499 CENTER STREET, INC.

Principal Place of Business	Mailing Address
2562 WEST INDIANTOWN ROAD SUITE 8 JUPITER FL 33458	2562 WEST INDIANTOWN ROAD SUITE 8 JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1992**	3a. Date of Last Report: **06/14/1994**
4. FEI Number: **65-0394327**	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. This corporation was initially subscribed for shares for under $ 100,000 Florida Statutes ☐ Yes (X) No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Rt.	Suite, Apt. # or Rt.
22	27
City & State	City & State
23	28
ZIP	County	ZIP	County
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GORDON, PATRICK M PA **840 US HIGHWAY ONE** **SUITE 100** **NORTH PALM BEACH FL 33408**	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 Section [illegible] Florida Statutes, the following named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized to transact business in Florida and has authorized the undersigned to make this statement.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DPST** **KELLY, G T IV** **2562 W. INDIANTOWN RD., SUITE 8** **JUPITER FL 33458**
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	

☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is truthful and accurate, that each officer and director has consented to be listed with his or her title, and that I am a director or officer 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/16/95 407-747-2750

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone #

0240159 CF

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

[illegible] PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001959 (5)

1. Corporate Name
THE SEVENTH COMPANY

Principal Place of Business
2004 DURHAM ST
TAMPA FL 33605

Mailing Address
2004 DURHAM ST.
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 11/04/1992

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

2. Principal Place of Business
21
22
23
24
25

2a. Mailing Address
26
27
28
29
30

4. FEI Number: 59-3179064
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 or intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CAPITANO, JOSEPH SR.
2004 DURHAM STREET
TAMPA FL 33605

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 Section 607.1008, 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. 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. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

(Address)

(Signature of Registered Agent, if changed, or of an officer of the corporation authorized to change the registered agent)

(Date)

12. OFFICER AND DIRECTOR

P
CAPITANO, JOSEPH
2004 DURHAM ST.
TAMPA FL 33605

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '92

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate. I am familiar with the requirements related to Section 607.1622(2), 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 above, or on an attachment with an additional name.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Date (Required)

0201151 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
FILED

DOCUMENT # **P92000002076 (7)**

1. Corporate Name
FISHWORKS, INC.

Principal Place of Business	Mailing Address
104 SURF DRIVE COCOA BEACH FL 32931	104 SURF DRIVE COCOA BEACH FL 32931

3. Date Incorporated/Qualified: **11/03/1992**
3a. Date of Last Report: **05/17/1994**

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

4. FEI Number: **59-3150382** — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contributor [ ] — **$5.00** May Be Added to Fees

8. This corporation has only, or intends to use a fictitious name that is an alternate name pursuant to Florida Statute: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

FISH, GERALD N
104 SURF DRIVE
COCOA BEACH FL 32931

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 Section 607.0501, 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(S)

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR
Title: D NAME: FISH, GERALD N Street Address: 104 SURF DRIVE City-St-Zip: COCOA BEACH FL 32931	Title / Name / Street Address / City-St-Zip — [ ] Change [ ] Addition
Title / NAME / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / NAME / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / NAME / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / NAME / Street Address / City-St-Zip	[ ] Change [ ] Addition
Title / NAME / Street Address / City-St-Zip	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an address.

SIGNATURE: Gerald Fish GERALD FISH 5-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0084440 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

FILED
95 MAY 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002270 (6)

1. Corporate Name

SPECIALTY TRANSPORTATION AND TOURS, INC.

Principal Office Address	Mailing Address
2330 HIGHWAY 50 OCOEE FL 34761	2330 HIGHWAY 50 OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992

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

21 2. Principal Office Address

22 Suite, Apt. # or Bldg.

23 City & State

24 Zip 25 County

26 2a. Mailing Address

27 Suite, Apt. # or Bldg.

28 City & State

29 Zip 30 Country

4. FEI Number: 59-3163239 ☐ 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/will be filing tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRINER, GARY
2330 HIGHWAY 50
OCOEE FL 34761

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 Section 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

(Typed or printed name of Registered Agent and title if applicable) (If changing Registered Agent, Registered Agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	PD	71 Title	☐ Change ☐ Addition
32 Name	GRINER, GARY	72 Name	
33 Street Address	2330 HIGHWAY 50	73 Street Address	
34 City-St-Zip	OCOEE FL 34761	74 City-St-Zip	
35 Title	VSTD	75 Title	☐ Change ☐ Addition
36 Name	GRINER, LORETTA	76 Name	
37 Street Address	2330 HIGHWAY 50	77 Street Address	
38 City-St-Zip	OCOEE FL 34761	78 City-St-Zip	
39 Title		79 Title	☐ Change ☐ Addition
40 Name		80 Name	
41 Street Address		81 Street Address	
42 City-St-Zip		82 City-St-Zip	
43 Title		83 Title	☐ Change ☐ Addition
44 Name		84 Name	
45 Street Address		85 Street Address	
46 City-St-Zip		86 City-St-Zip	
47 Title		87 Title	☐ Change ☐ Addition
48 Name		88 Name	
49 Street Address		89 Street Address	
50 City-St-Zip		90 City-St-Zip	
51 Title		91 Title	☐ Change ☐ Addition
52 Name		92 Name	
53 Street Address		93 Street Address	
54 City-St-Zip		94 City-St-Zip	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: Sondra Griner 3/13/95 3960600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0482948 FP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002756 (4)

1. Corporation Name
FLORIDA FALLS, INC.

Principal Place of Business
10453 TILLERY RD
SPRING HILL FL 34608

Mailing Address
10453 TILLERY RD
SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1992	3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-3148707	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

RUTHENBERG, DOUGLAS A
10453 TILLERY RD
SPRING HILL FL 34608

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	P/S/T/ ☐ Change ☐ Addition
NAME	RUTHENBERG, DOUGLAS A	1 NAME	
STREET ADDRESS	10453 TILLERY RD	1 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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] DOUGLAS A. RUTHENBERG 4/30/95 904-686-5448

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

0369035 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 FAX Only)

APPROVED
MAY
1995

95 MAY -1 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002857 (0)

1. Corporate Name

BRAKES EXPRESS, INC.

Principal Place of Business

3650 N.W. 15TH STREET
WAREHOUSE B
LAUDERHILL FL 33311
US

Mailing Address

3650 N.W. 15TH STREET
WAREHOUSE B
LAUDERHILL FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992

3a. Date of Last Report: 07/05/1994

2. Principal Place of Business — 21

Suite, Apt. # or Bldg. — 22

City & State — 23

Zip — 24 — County — 25

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 27

City & State — 28

Zip — 29 — County — 30

4. FEI Number: 65-0417795 — 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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPLAN, GARY
4607 N.W. 90TH AVENUE
SUNRISE FL 33351

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 Section(s) 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: (Typed or Printed Name and Capacity of Signer) (If Applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	01 TITLE	☐ Change ☐ Addition
02 NAME	CAPLAN, GARY	02 NAME	
03 STREET ADDRESS	4607 N.W. 90TH AVENUE	03 STREET ADDRESS	
04 CITY, ST, ZIP	SUNRISE FL 33351	04 CITY, ST, ZIP	
05 TITLE	D	05 TITLE	☐ Change ☐ Addition
06 NAME	TAUBLIB, IRWIN	06 NAME	
07 STREET ADDRESS	11263 W ATLANTIC BLVD APT 105	07 STREET ADDRESS	
08 CITY, ST, ZIP	CORAL SPRINGS FL 33071	08 CITY, ST, ZIP	
09 TITLE	D	09 TITLE	☐ Change ☐ Addition
10 NAME	BARTOV, ELI	10 NAME	
11 STREET ADDRESS	12200 PARK DRIVE	11 STREET ADDRESS	
12 CITY, ST, ZIP	COOPER CITY FL	12 CITY, ST, ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY, ST, ZIP		24 CITY, ST, ZIP	

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(3)(i), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report, or reinstatement 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 added by this attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (Date)

305-583-6610 (Daytime Phone)

0210030 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

[illegible] 1995 MAY -3 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002863 (8)**

1. Corporation Name

WATER-SOURCE MARKETING, INC.

Principal Place of Business	Mailing Address
10453 TILLERY ROAD SPRING HILL FL 34608	10453 TILLERY ROAD SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1992**

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

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3149156** ☐ Applied For ☐ Not Applicable

State, Apt. #, etc. — 22

State, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

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

Zip — 24 — County — 25 — Zip — 29 — County — 30

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

9. Name and Address of Current Registered Agent

RUTHENBERG, PATRICIA F
10453 TILLERY ROAD
SPRING HILL FL 34608

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 Section [illegible], 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 [illegible], Florida Statutes.

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TYPE D NAME RUTHENBERG, PATRICIA F STREET ADDRESS 10453 TILLERY ROAD CITY-ST-ZIP SPRING HILL FL 34608	TYPE P ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TYPE D NAME DIXON, A R STREET ADDRESS 10453 TILLERY ROAD CITY-ST-ZIP SPRING HILL FL 34608	TYPE 2ND VP ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE 1ST VP/T ☐ Change ☒ Addition NAME DOUGLAS A. RUTHENBERG STREET ADDRESS 10453 TILLERY RD. CITY-ST-ZIP SPRING HILL, FL 34608
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE S ☐ Change ☒ Addition NAME A. RUTH DIXON STREET ADDRESS 10453 TILLERY RD. CITY-ST-ZIP SPRING HILL, FL 34608
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TYPE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is true, complete 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 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 above, or on an attachment with an address.

SIGNATURE: [signature] PATRICIA F. RUTHENBERG 4/-27-95 904-686-8949

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

0340034 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED

DOCUMENT # P92000002915 (6)

STA-MAR STABLES, INC.

TALLAHASSEE, FLORIDA

1591 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026

1591 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026

3. Date Completed: 11/02/1992

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

4. FEI Number: 65-0373164 — 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 authority to distribute its stock under S. 517.051, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BRECKER, CHARLES D
20801 BISCAYNE BLVD.
SUITE 505
N. MIAMI BEACH FL 33180

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 Section 607.0505 and/or 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:

(Typed or printed name and capacity of registered agent signing above) (Registered agent's signature required above) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D CRAFT, MARIE V 1591 GOLFVIEW DRIVE EAST PEMBROKE PINES FL 33026	D CRAFT OSTROV, MARIE V 1591 GOLFVIEW DRIVE EAST PEMBROKE PINES, FL 33026 [ ] Change [✓] Addition
D CRAFT, STACY A P O BOX 459 OXFORD FL DELETE	D OSTROV, NOIZMAN S. 1591 GOLFVIEW DRIVE EAST PEMBROKE PINES, FL 33026 [ ] Change [✓] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. To the best of my knowledge and belief, the information supplied with this report is complete and accurate. I am aware that any false information submitted in connection with this report, including any fee due pursuant to subsection (3) of section 607.0122, Florida Statutes, constitutes a violation of section 817.155, Florida Statutes. I am the director, officer, or agent required to execute this report pursuant to section 607.0122, Florida Statutes.

SIGNATURE: Marie Craft Ostrov — 5/9/95 — 305-932-8550

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

MARIE CRAFT OSTROV

DOM110 CP