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 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011255 (6)

1. Corporation Name
JAT HOLDINGS, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963	801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0378394 ☐ 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

WOODWARD, MARK J
WOODWARD, PIRES & ANDERSON, P.A.
801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 33963

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	☐ Change ☐ Addition
NAME	WOODWARD, MARK J	1 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 640	1 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	PIRES, JR. A P	2 NAME	
STREET ADDRESS	801 LAUREL OAK DR., STE 640	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(i)(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: Mark J. Woodward 4/26/95 (813) 566-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0331202 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
FILED
[illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011464 (4)**

1. Corporate Name
THIRTEEN ORPHANS, INC.

Principal Place of Business	Mailing Address
5776 HOFFNER AVE SUITE 202 ORLANDO FL 32822	5776 HOFFNER AVE SUITE 202 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992	3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3147765	☐ 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	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

9. Name and Address of Current Registered Agent

TAGAMI, JUN
5776 HOFFNER AVE
SUITE 202
ORLANDO FL 32822

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 607.1908, 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: [illegible] (Typed or printed name of registered agent and title if agent is a corporation) (Note: Registered Agent's signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HAYASHI, MASAAKI	12 NAME		
STREET ADDRESS	HIGASHI NODA MACHI MIYAKOJIMA - KU	13 STREET ADDRESS		
CITY-ST-ZIP	OSAKA, JAPAN	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	TAGAMI, JUN	22 NAME		
STREET ADDRESS	5776 HOFFNER AVE SUITE 202	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32822	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		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		

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 added on an attachment with an address.

SIGNATURE: Jun Tagami JUN TAGAMI 2/17/95 407-658-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062466 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] AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000012023 (7)**

1. Corporation Name

KATIE'S HOUSE OF FLOWERS, INC.

Principal Place of Business	Mailing Address
402 BAYSHORE DRIVE NICEVILLE FL 32578	402 BAYSHORE DRIVE NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1992**

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

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: **59-3162844** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22:

Suite, 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

LANOUE, ALAIN
~~210 EDGE AVENUE~~ 1006 RockyBayou Rd
~~VALPARAISO FL 32580~~ Niceville FL 32578

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: [illegible] (Name of New Registered Agent) (Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
21 TITLE	P	1 1 TITLE	☐ Change ☐ Addition
22 NAME	LANOUE, ALAIN	1 2 NAME	
23 STREET ADDRESS	1006 ROCKY BAYOU RD.	1 3 STREET ADDRESS	
24 CITY ST ZIP	NICEVILLE FL	1 4 CITY ST ZIP	
21 TITLE	VP	2 1 TITLE	☐ Change ☐ Addition
22 NAME	LANOUE, ANITA CHRISTINE	2 2 NAME	
23 STREET ADDRESS	1006 ROCKY BAYOU RD.	2 3 STREET ADDRESS	
24 CITY ST ZIP	NICEVILLE FL	2 4 CITY ST ZIP	
21 TITLE		3 1 TITLE	☐ Change ☐ Addition
22 NAME		3 2 NAME	
23 STREET ADDRESS		3 3 STREET ADDRESS	
24 CITY ST ZIP		3 4 CITY ST ZIP	
21 TITLE		4 1 TITLE	☐ Change ☐ Addition
22 NAME		4 2 NAME	
23 STREET ADDRESS		4 3 STREET ADDRESS	
24 CITY ST ZIP		4 4 CITY ST ZIP	
21 TITLE		5 1 TITLE	☐ Change ☐ Addition
22 NAME		5 2 NAME	
23 STREET ADDRESS		5 3 STREET ADDRESS	
24 CITY ST ZIP		5 4 CITY ST ZIP	
21 TITLE		6 1 TITLE	☐ Change ☐ Addition
22 NAME		6 2 NAME	
23 STREET ADDRESS		6 3 STREET ADDRESS	
24 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(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: Alain Lanoue — 2/26/95 — (904) 678-7811

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

0391787 CP