

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ARTICLE OF INCORPORATION
1995



DEPARTMENT OF STATE
CORPORATION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COMM - 1 / 11/01/92

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012862 (8)

WALLOP WALLET, INC.

217 S.W. 33RD COURT
FORT LAUDERDALE FL 33315

217 S.W. 33RD COURT
FORT LAUDERDALE FL 33315

STATE OF FLORIDA, DEPARTMENT OF STATE

3. Date of Incorporation	12/17/1992	3a. Date of Filing Request	09/01/1994
4. Filing Number	65-0380114	5. Certificate of State License Fee	\$8.75 Additional Fee Required
6. Election Campaign Financing Fund Contribution			\$5.00 May Be Added to Fees
8. Any other applicable fees added to the incorporator fee under the Florida Statutes			

2. Name of Corporation	2a. Name of Registered Agent
21. Name of Registered Agent	26. Name of Registered Agent
22. Name of Registered Agent	27. Name of Registered Agent
23. Name of Registered Agent	28. Name of Registered Agent
24. Name of Registered Agent	29. Name of Registered Agent
25. Name of Registered Agent	30. Name of Registered Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIDERT, ALBERT W JR.
3129 PEACHTREE CIRCLE
DAVIE FL 33328

ALBERT W. LIDERT, JR.

Street Address (If City, Number and Street Name)
217 S.W. 33 COURT

FT. LAUDERDALE

FL

33315

11. The undersigned hereby certifies that the information furnished in this document is true and correct to the best of their knowledge and belief, and that the incorporator has not been convicted of a felony involving moral turpitude within the five years immediately preceding the date of filing this document.

12. Name of Registered Agent	PD LIDERT, ALBERT JR 217 SW 33RD CT FT. LAUDERDALE FL 33315 STD LIDERT, SHERRY 217 SW 33RD CT FT. LAUDERDALE FL 33315
13. Name of Registered Agent	
14. Name of Registered Agent	
15. Name of Registered Agent	
16. Name of Registered Agent	
17. Name of Registered Agent	
18. Name of Registered Agent	
19. Name of Registered Agent	
20. Name of Registered Agent	
21. Name of Registered Agent	
22. Name of Registered Agent	
23. Name of Registered Agent	
24. Name of Registered Agent	
25. Name of Registered Agent	
26. Name of Registered Agent	
27. Name of Registered Agent	
28. Name of Registered Agent	
29. Name of Registered Agent	
30. Name of Registered Agent	

SIGNATURE:

Albert W. Lidert, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR FILED FOR THIS ENTITY
ALBERT W. LIDERT, JR.

04/27/95

305/524-2558

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APPROVED

DOCUMENT # P92000013886 (6)

TRANSAL CARIBBE INTERNATIONAL, INC.

5/10/95

FLORIDA

6595 NW 36TH ST.
205
MIAMI FL 33166
US

6595 SW 36TH ST.
205
MIAMI FL 33166
US

2	715 NE 143st.	2a	715 NE 143st.
21		26	
22		27	
23	N. Miami FL	28	N. Miami FL 33161
24	33161	29	33161
25	USA	30	USA

9. Name and Address of Current Registered Agent

GEHY, RAPHAEL E
715 NORTHEAST 143RD STREET
NORTH MIAMI FL 33161

3	12/24/1992	3a	05/01/1994
4	65-0386939	Account No.	
5		Additional Fee Required	\$8.75
6		May Be Added to Fee	\$5.00
6			
10	Name and Address of New Registered Agent		

B1	
B2	
B3	
B4	
B5	FL

11. ...

12. P
 GEHY, RAPHAEL E
 715 NORTHEAST 143RD STREET
 NORTH MIAMI FL 33161
 ST
 GEHY, ELSIE V
 715 NORTHEAST 143RD STREET
 NORTH MIAMI FL 33161

13. ...

14. SIGNATURE: *Raphael E. Gehy*

H-27-95 (305) 940-0099

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APPROVED
FILE

DOCUMENT # P92000014117 (5)

DIVERSIFIED GENERAL CONTRACTORS, INC.

DATE: 11/15/94

GEORGE W. COLEMAN
TALLAHASSEE, FLORIDA

5400 65TH STREET
VERO BCH. FL 32967
US

5400 65TH STREET
VERO BEACH FL 32967

3. Date of Appointment: 12/28/1992 3a. Date of Termination: 08/15/1994

4. Telephone Number: 59-3161634 Agent Fee: \$8.75 Additional Fee Required

5. Employer's State of Insurance: \$5.00 May Be Added to Fees

6. Employer's Unemployment Insurance Contribution: Yes No

21
22
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29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OZARK, DWAIN D
5400 65TH STREET
VERO BEACH FL 32967

81. Name
82. Street Address
83.
84. City
85. State: FL

11. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the person named herein as the registered agent is a resident of the State of Florida and is qualified to receive service of process.

12. D
OZARK, DWAIN D
5400 65TH STREET
VERO BEACH FL 32967

13. Authority: DWAIN D OZARK, President, DIVERSIFIED GENERAL CONTRACTORS, INC., 5400 65TH STREET, VERO BEACH, FLORIDA 32967

14. SIGNATURE: DWAIN D OZARK 11/30/95 407-567-1014

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INFORMATION
APPROVAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Office of Secretary
1901 North West
Tallahassee, Florida 32304

COMM. FILE NO. 03

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000015038 (2)**

TREASURE COAST HOLDING COMPANY

2. Filing Agent Name % WILLIAM D. HORVITZ 1 E. BROWARD BLVD., #1101 FT. LAUDERDALE FL 33301		2a. Mailing Address % WILLIAM D. HORVITZ 1 E. BROWARD BLVD., #1101 FT. LAUDERDALE FL 33301		3. Date of Report Due 12/29/1992	3a. Report Due Date 03/22/1994
21. Filing Agent No. 65-0382827	22. Filing Agent No. 65-0382827	23. Filing Agent No. 65-0382827	24. Filing Agent No. 65-0382827	4. Filing Agent No. 65-0382827	Agreement <input type="checkbox"/> Not Agreement
5. Certificate of Status Required <input type="checkbox"/>		6. Election Campaign Financing Total Fund Contributions <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PASTERNAK, MARSHALL R 1221 BRICKELL AVE. MIAMI FL 33131		10. Name and Address of New Registered Agent			

81. Name	82. Street Address (P.O. Box Number is Not Accepted)	83.	84. City	85. Zip Code FL
11. I, the undersigned, being duly qualified, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to perform the duties of the position of Secretary of the State of Florida, and I am duly qualified to perform the duties of the position of Secretary of the State of Florida, and I am duly qualified to perform the duties of the position of Secretary of the State of Florida.				

12. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS
<p>DPST HORVITZ, WILLIAM D 1 E. BROWARD BLVD., #1101 FT. LAUDERDALE FL 33301 V</p> <p>HORVITZ, DAVID W 1 E. BROWARD BLVD., #1101 FT. LAUDERDALE FL 33301 V</p> <p>LUKE, DOUGLAS S 1 E. BROWARD BLVD., #1101 FT. LAUDERDALE FL 33301</p>	<p>1. Name</p> <p>2. Street Address</p> <p>3. City</p> <p>4. State</p> <p>5. Zip Code</p> <p>6. Title</p> <p>7. Term of Office</p> <p>8. Date of Election</p> <p>9. Date of Resignation</p> <p>10. Date of Death</p> <p>11. Date of Retirement</p> <p>12. Date of Termination</p> <p>13. Date of Revocation</p> <p>14. Date of Suspension</p> <p>15. Date of Annulment</p> <p>16. Date of Withdrawal</p> <p>17. Date of Expulsion</p> <p>18. Date of Disqualification</p> <p>19. Date of Ineligibility</p> <p>20. Date of Incompetence</p> <p>21. Date of Insubordination</p> <p>22. Date of Negligence</p> <p>23. Date of Misconduct</p> <p>24. Date of Abuse of Power</p> <p>25. Date of Breach of Trust</p> <p>26. Date of Fraud</p> <p>27. Date of Conspiracy</p> <p>28. Date of Obstruction of Justice</p> <p>29. Date of Witness Tampering</p> <p>30. Date of Interference with a Juror</p> <p>31. Date of Interference with a Witness</p> <p>32. Date of Interference with a Trial</p> <p>33. Date of Interference with a Verdict</p> <p>34. Date of Interference with a Judgment</p> <p>35. Date of Interference with an Execution</p> <p>36. Date of Interference with a Sentence</p> <p>37. Date of Interference with a Punishment</p> <p>38. Date of Interference with a Fine</p> <p>39. Date of Interference with a Restitution</p> <p>40. Date of Interference with a Compensation</p> <p>41. Date of Interference with a Benefit</p> <p>42. Date of Interference with a Pension</p> <p>43. Date of Interference with a Retirement</p> <p>44. Date of Interference with a Social Security</p> <p>45. Date of Interference with a Disability</p> <p>46. Date of Interference with a Health Insurance</p> <p>47. Date of Interference with a Life Insurance</p> <p>48. Date of Interference with a Life Annuity</p> <p>49. Date of Interference with a Life Estate</p> <p>50. Date of Interference with a Life Interest</p>

14. I, the undersigned, being duly qualified, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to perform the duties of the position of Secretary of the State of Florida, and I am duly qualified to perform the duties of the position of Secretary of the State of Florida, and I am duly qualified to perform the duties of the position of Secretary of the State of Florida.

SIGNATURE: *David W. Horvitz*
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR
DAVID W. HORVITZ