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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:11

DOCUMENT # **P93000008169 (3)**

1. Corporation Name
AUSHERMAN RECOVERY COMPANY, INC.

Principal Place of Business	Mailing Address
1206 BOB LITTLE RD. PANAMA CITY FL 32404	1206 BOB LITTLE RD. PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1993
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number: 59-3156843 ☐ 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

AUSHERMAN, CHARLES W
1206 BOB LITTLE RD.
PANAMA CITY FL 32404

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 607.1509, 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: JOHNNIE H. JONES Johnnie H. Jones 5/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	AUSHERMAN, CHARLES W.	12 NAME	CHARLES W. AUSHERMAN
STREET ADDRESS	5128 E. 12TH ST.	13 STREET ADDRESS	(DECEASED)
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	JONES, JOHNNIE H.	22 NAME	PRESIDENT
STREET ADDRESS	104 N. COVE TERR.	23 STREET ADDRESS	JOHNNIE H. JONES
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	104 N.COVE TERR.
			~~PANAMA CITY FLA. 32404~~
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	AUSHERMAN, L. DARLINE	32 NAME	V/S/T
STREET ADDRESS	5128 E. 12TH ST.	33 STREET ADDRESS	L.DARLINE AUSHERMAN
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	601 N.BOBLITTLE ROAD,P.C.FLA.32404
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CONSTANCE O	42 NAME	CONNIE O. CAMPBELL
STREET ADDRESS	601 BOB LITTLE RD.	43 STREET ADDRESS	RESIGNED
CITY-ST-ZIP	PANAMA CITY FL 32404	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 on an attachment with an address.

SIGNATURE: Johnnie H. Jones Johnnie H Jones 6-20-95 872-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000843 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY 26 PM 6:17

DOCUMENT # P93000008416 (8)

1. Corporation Name

LIGHT UP YOUR LIFE, INC.

Principal Place of Business	Mailing Address
401 BISCAYNE BLVD BAYSIDE MARKET PLACE MIAMI FL 33132	401 BISCAYNE BLVD BAYSIDE MARKET PLACE MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0388747	☐ 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

GRASSO, GUSTAVO A
401 BISCAYNE BLVD
BAYSIDE MARKET PLACE
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: Juan Carlos Concha-Alecchi
82 Street Address (P.O. Box Number is Not Acceptable): 14377 N.E. 10th Ave #109
83
84 City: N. Miami Beach FL 85 Zip Code: 33179

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: JCConcha-Alecchi 6-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	~~GRASSO, GUSTAVO A~~	12 NAME		
STREET ADDRESS	~~2904 NW 60 TERR #542~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~SUNRISE FL 33313~~	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	~~GRASSO, DANNY Y~~	22 NAME		
STREET ADDRESS	~~2904 NW 60 TERR #542~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~SUNRISE FL 33313~~	24 CITY-ST-ZIP		
TITLE	~~TD~~	31 TITLE	President	☒ Change ☐ Addition
NAME	CONCHA, JUAN C	32 NAME		
STREET ADDRESS	~~2625 COLLINS AVENUE, #318~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI BEACH FL~~	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	DEJO, LILIANA E	42 NAME		
STREET ADDRESS	2625 COLLINS AVENUE, #318	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	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		

CR2E034 (3/95)

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: JCConcha-Alecchi - JUAN CARLOS CONCHA-ALECCHI 6-19-95 652-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038446 CP