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 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008989 (4)**

1. Corporation Name
VINTAGE STREET RODDERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 701893 ST. CLOUD FL 34770-1893	2024 OAKVIEW CIR ST. CLOUD FL 34769 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/01/1993**
3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **NOT APPLICABLE** ☐ 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: Country 25:
Zip 29: Country 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

DANLEY, RICHARD D
3501 13TH STREET
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name: Tony CIANCIOTTA
82 Street Address (P.O. Box Number is Not Acceptable): 2024 OAKVIEW CIRCLE
83:
84 City: ST. CLOUD FL 85 Zip Code: 34769

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: Tony CIANCIOTTA, DIRECTOR — April 29, 1995
(Typed or printed name of registered agent and title if applicable) (Attach Registered Agent acceptance if agent other than individual) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	CIANCIOTTA, TONY	12 NAME	
STREET ADDRESS	2024 OAKVIEW CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	ST. CLOUD FL 34769	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CIANCIOTTA, CAROLYN	22 NAME	
STREET ADDRESS	2024 OAKVIEW CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	ST. CLOUD FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RUSSO, NUNZIO J	32 NAME	
STREET ADDRESS	1698 ANDREA COURT	33 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RUSSO, PATRICIA	42 NAME	
STREET ADDRESS	1698 ANDREA COURT	43 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROOP, CHEROKEE	52 NAME	
STREET ADDRESS	5001 TUSCAROA AVE	53 STREET ADDRESS	
CITY ST ZIP	ST. CLOUD FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROOP, RUTH	62 NAME	
STREET ADDRESS	5001 TUSCAROA AVE	63 STREET ADDRESS	
CITY ST ZIP	ST. CLOUD FL	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: Tony CIANCIOTTA — April 29, 1995 — (407) 934-6179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0377870 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P93000009313 (6)**

1. Corporation Name

PALLET KING, INC.

Principal Place of Business	Mailing Address
1800 NW 22ND CT. POMPANO BEACH FL 33069	1800 NW 22ND CT. POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: **02/01/1993**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **65-0395914** ☐ 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

MAGAZZOLO, LEONARD
1800 NW 22ND CT.
POMPANO BEACH FL 33069

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MAGAZZOLO, LEONARD	1.2 NAME	
STREET ADDRESS	23293 ALORA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: Leonard Magazzolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 Date (305) 979-4339 Daytime Phone #

0112830 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P93000010766 (2)

1. Corporate Name

SUCCESS THRU KNOWLEDGE, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9440 PHILLIPS HIGHWAY SUITE #2 JACKSONVILLE FL 32256 US	9440 PHILLIPS HIGHWAY SUITE #2 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3751 One San Jose Place	26 3751 One San Jose Place
Suite Apt # etc. 22 Suite #15	Suite Apt # etc. 27 Suite #15
City & State 23 Jacksonville Florida	City & State 28 Jacksonville, Florida
Zip 24 32257 Country 25 United States	Zip 29 32257 Country 30 United States

4. FEI Number: 89-3166475 — 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. The 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
COHEN, LANCE P 1723 BLANDING BLVD SUITE 102 JACKSONVILLE FL 32210	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: Morris Levine — Date: 5-1-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: LEVINE, MORRIS STREET ADDRESS: 1151 HARBOUR POINT DR CITY-ST-ZIP: PORT ORANGE FL 32019	☑ Change ☐ Addition TITLE: D NAME: LEVINE, MORRIS STREET ADDRESS: 3751 One San Jose Place, Suite #15 CITY-ST-ZIP: Jacksonville FL 32257
TITLE: D NAME: LEVINE, EDITH STREET ADDRESS: 1151 HARBOUR POINT DR CITY-ST-ZIP: PORT ORANGE FL 32019	☑ Change ☐ Addition TITLE: D NAME: LEVINE, EDITH STREET ADDRESS: 3751 One San Jose Place, Suite #15 CITY-ST-ZIP: Jacksonville FL 32257
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 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: Morris Levine — 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021744 CP