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

DOCUMENT # P93000010089 (9)

1. Corporation Name

CASH CONTROL SYSTEMS, INC.

Principal Place of Business
3965 INVESTMENT LN
SUITE A-10
WEST PALM BCH FL 33404
US

Mailing Address
P.O BOX 175
LOXAHATCHEE FL 33470

FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 06/09/1994
4. FEI Number: 65-0390971 ☐ Applied For ☐ Not Applicable

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

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

MANOS, SHARON
18429 WEST SYCAMORE DRIVE
LOXAHATCHEE FL 33470

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**

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RADAKOVIC, SALVADORE	12 NAME	
STREET ADDRESS	13199 MARACELLA BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	XX Change ☐ Addition
NAME	MANOS, ERNEST J	22 NAME	DELETE FROM CORPORATION
STREET ADDRESS	18429 WEST SYCAMORE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	24 CITY-ST-ZIP	
TITLE	CEO	31 TITLE	☐ Change ☐ Addition
NAME	MANOS, SHARON	32 NAME	
STREET ADDRESS	18429 WEST SYCAMORE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	RADAKOVIC, CHERYL	42 NAME	
STREET ADDRESS	13199 MARCELLA BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHHU 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	

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 the 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: Sharon Manos SHARON MANOS, CEO — 5/15/95 — (407) 848-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430242 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

DOCUMENT # P93000010398 (4)

1. Corporation Name

BRUNHILD PROPERTIES, INC.

FILED ... 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3314 HENDERSON BOULEVARD
SUITE #107
TAMPA FL 33609
US

Mailing Address

3314 HENDERSON BOULEVARD
SUITE #107
TAMPA FL 33609
US

3. Date Incorporated or Qualified: 02/04/1993

3a. Date of Last Report: 06/14/1994

4. FEI Number: 59-3158741 — Applied For / Not Applicable

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

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

BRUNHILD, MAURICE
3314 HENDERSON ROAD
SUITE 107
TAMPA FL 33609--

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[ ] Change [ ] Addition
NAME	BRUNHILD, MAURICE	
STREET ADDRESS	3314 HENDERSON BOULEVARD, SUITE 107	
CITY-ST-ZIP	TAMPA FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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: Maurice Brunhild - Maurice Brunhild   5/16/95   872-7980

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

0293865 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P93000010648 (2)

FREE LIFE, INC.

TALLAHASSEE, FLORIDA

801 S UNIVERSITY DRIVE
#140C
PLANTATION FL 33324

801 S UNIVERSITY DRIVE
#140C
PLANTATION FL 33324

3. 02/02/1993 3a. 04/27/1994

4. 65-0405067

21 6991 W. BROWARD BLVD 26 6991 W. BROWARD BLVD

22 Suite #100 27 Suite # 100

23 Plantation, Fl 28 Plantation, Fla

24 33317 25 USA 29 33317 30 USA

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CASE, GARY
801 S UNIVERSITY DRIVE
#140C
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 CASE, GARY
82 6991 W. BROWARD BLVE
83 Suite #100
84 Plantation, FL 85 33317

11. GARY CASE, PRESIDENT Gary L Case 1/10/95

12.
P
CASE, GARY L.
801 S UNIVERSITY DR #140C
PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
P CASE, GARY L.
6991 W. BROWARD BLVD #100
Plantation, Fl 33317

14.

SIGNATURE: Gary L Case President Gary L. CASE 305 475-8820

0233004 CP