

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # P93000013128 (2)

1. Corporation Name

TEMPLETON FUTURES, LTD., INC.

JULY 23 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5380 SANTA RITA RANCH RD
TEMPLETON CA 93465
US

Mailing Address
1692 GULF SHORE BOULEVARD NO
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/22/1993

3a. Date of Last Report
04/12/1994

4. FEI Number
65-0414747

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.
☒ Yes ☐ No

2. Principal Place of Business
21. State, Apt. # or
22. City & State
23. Zip

2a. Mailing Address
26. State, Apt. # or
27. City & State
28. Zip

24. Country
25. Country
29. Country
30. Country

9. Name and Address of Current Registered Agent

ANDERSON, JERE L
1692 GULF SHORE BLVD N
NAPLES FL 33940

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. For each of the purposes of Sections 601, 602, and 607, 1991 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 a registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME ANDERSON, JERE 1692 GULF SHORE BOULEVARD NO NAPLES FL 33940		NAME C.E.O.	☒ Change ☐ Addition
NAME ANDERSON, GARRETT 5380 SANTA RITA RANCH RD TEMPLETON CA		NAME C.F.O.	☒ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, 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 owner or holder empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-A-45

805-434-0525

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

**APPROVED
AND
FILED**

05 MAY 20 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra H. Muzummi Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000013178 (7)

D.H.B., INC.

Principal Place of Business 8640 SEMINOLE BLVD. SEMINOLE FL 34642 US	Mailing Address 8640 SEMINOLE BLVD. SEMINOLE FL 34642 US
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2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County

3. Date Incorporated or Qualified 02/23/1993	3a. Date of Last Report 04/07/1994
4. FEI Number 59-3166144	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193(2)(2), Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFSTRA, PETER T 8640 SEMINOLE BLVD. SEMINOLE FL 34642	B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(4), 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 607.05(5), Florida Statutes.

SIGNATURE _____ (Name, Title, and Address of Registered Agent or Registered Agent's Representative) _____ (Name, Title, and Address of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DELOACH, DENNIS R JR	1.2 NAME	
STREET ADDRESS	8640 SEMINOLE BLVD	1.3 STREET ADDRESS	
CITY & STATE	SEMINOLE FL	1.4 CITY & STATE	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOFSTRA, PETER T	2.2 NAME	
STREET ADDRESS	8640 SEMINOLE BLVD.	2.3 STREET ADDRESS	
CITY & STATE	SEMINOLE FL	2.4 CITY & STATE	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, KENNETH P	3.2 NAME	
STREET ADDRESS	8640 SEMINOLE BLVD.	3.3 STREET ADDRESS	
CITY & STATE	SEMINOLE FL	3.4 CITY & STATE	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		4.4 CITY & STATE	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		5.4 CITY & STATE	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		6.4 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the registered agent or have previously been an officer or director of this corporation 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 addition.

SIGNATURE:

 **KENNETH P BURKE** 5/15/95 (PD) 3575571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
AND
FILED

02/19/1993

RECEIVED
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000013264 (5)

1. Corporation Name

MCQUIRE HOMES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 121241
CLERMONT FL 34712

P.O. BOX 121241
CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	3a. Date of Last Report
02/19/1993	05/01/1994
4. FEI Number	Applied For
59-2996773	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(1)(3) Florida Statutes.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCQUIRE, WILLIAM R 400 E. HWY 50 CLERMONT FL		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 607.05(1) 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, the laws 607.05(1), Florida Statutes.

SIGNATURE: *William R. McGuire* William R. McGuire 5/15/93

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. NAME	DPV MCQUIRE, WILLIAM R 608 S MAIN ST / APT 16 CLERMONT FL	1.1 TITLE	☐ Change ☐ Addition
2. NAME	ST MCQUIRE, WILLIAM R 608 S MAIN ST / APT 16 CLERMONT FL	2.1 NAME	☐ Change ☐ Addition
3. NAME	D MCQUIRE, RITA 608 S MAIN ST / APT 16 CLERMONT FL	3.1 NAME	☐ Change ☐ Addition
4. NAME		4.1 NAME	☐ Change ☐ Addition
5. NAME		5.1 NAME	☐ Change ☐ Addition
6. NAME		6.1 NAME	☐ Change ☐ Addition
7. NAME		7.1 NAME	☐ Change ☐ Addition
8. NAME		8.1 NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(1)(3) 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 and is made under oath. That I am an officer or director of the corporation or the incorporator, organizer, incorporator, or business empowered to use this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *William R. McGuire* William R. McGuire 5/15/93 - (904) 394 5454

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida

DOCUMENT # P93000013288 (4)

WALKINE RECORDS CORP.

RECEIVED
JUN 15 1995
TALLAHASSEE, FLORIDA

1. Principal Place of Business 1624 N.E. 126 STREET SUITE 4 MIAMI FL 33181		2a. Mailing Address 12864 BISCAYNE BLVD #122 N. MIAMI FL 33181		3. Date of Incorporation or Organization 02/15/1993		3a. Date of Last Report 08/02/1994	
2. Principal Place of Business 21. State: Apt. # etc. 22. City & State 23. City & State		2a. Mailing Address 26. State: Apt. # etc. 27. City & State 28. City & State		4. FEI Number 65-0390170		Applied For Not Applicable	
24. City & State		25. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. City & State		25. City & State		29. City & State		30. City & State	
9. Name and Address of Current Registered Agent WALKINE, GALE 1625 N.E. 126 STREET SUITE 4 MIAMI FL 33181				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Numbers Not Acceptable) 83. 84. City FL 85. Zip Code			
11. Pursuant to the provisions of Sections 607.08(12) 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS			
1. NAME PCEO WALKINE, GALE L 2. STREET ADDRESS 1625 NE 126 ST., APT 4 3. CITY & STATE N. MIAMI FL				1. NAME 2. STREET ADDRESS 3. CITY & STATE			
4. NAME 5. STREET ADDRESS 6. CITY & STATE				7. NAME 8. STREET ADDRESS 9. CITY & STATE			
10. NAME 11. STREET ADDRESS 12. CITY & STATE				13. NAME 14. STREET ADDRESS 15. CITY & STATE			
16. NAME 17. STREET ADDRESS 18. CITY & STATE				19. NAME 20. STREET ADDRESS 21. CITY & STATE			
22. NAME 23. STREET ADDRESS 24. CITY & STATE				25. NAME 26. STREET ADDRESS 27. CITY & STATE			
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700. NAME 701. STREET ADDRESS 702. CITY & STATE				701. NAME 702. STREET ADDRESS 703. CITY & STATE			
704. NAME 705. STREET ADDRESS 706. CITY & STATE				705. NAME 706. STREET ADDRESS 707. CITY & STATE			
708. NAME 709. STREET ADDRESS 710. CITY & STATE				709. NAME 710. STREET ADDRESS 711. CITY & STATE			
712. NAME 713. STREET ADDRESS 714. CITY & STATE				713. NAME 714. STREET ADDRESS 715. CITY & STATE			
716. NAME 717. STREET ADDRESS							

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

CORPORATION
ANNUAL REPORT
1995



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

5/17/95 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000013427 (8)**

29TH STREET ENTERPRISES, INC.

Principal Office Address: 13750 SW 16TH ST.
FT. LAUDERDALE FL 33325

Mailing Address: 13750 SW 16TH ST.
FT. LAUDERDALE FL 33325

OR TYPE IN THIS SPACE

3. Date Report Filed (Month/Day/Year) 02/15/1993	3a. Date of Last Report 06/13/1994
4. FEI Number 65-0394419	Applied For ☐ Not Applicable
5. Certificate of Public Deposit ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation is a member of the Florida State Bar Association ☐ Yes ☒ No	

2. Principal Office Address (Mailing Address) 21	2a. Mailing Address 26
22. City, State, and Zip 27	27. City, State, and Zip 28
24. Name and Address of Current Registered Agent 25	29. Name and Address of New Registered Agent 30

MAURER, PATRICIA A
13750 SW 16TH ST.
FT. LAUDERDALE FL 33325

81. Name 82	83. City 84	85. Zip Code FL
-----------------------	-----------------------	---------------------------

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing and is entitled to the right to transact business in this State.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																				
<table border="1"> <tr> <td>NAME</td> <td>ADDRESS</td> </tr> <tr> <td>D MAURER, PATRICIA A</td> <td>13750 SW 16TH ST. FT. LAUDERDALE FL 33325</td> </tr> <tr> <td>D SHANK, THOMAS L</td> <td>207 3RD ST. ST. AUGUSTINE FL 32095</td> </tr> <tr> <td>D SHANK, JAMES T</td> <td>6189 ROSALIND RD. HUNTINGTON WV 25705</td> </tr> </table>	NAME	ADDRESS	D MAURER, PATRICIA A	13750 SW 16TH ST. FT. LAUDERDALE FL 33325	D SHANK, THOMAS L	207 3RD ST. ST. AUGUSTINE FL 32095	D SHANK, JAMES T	6189 ROSALIND RD. HUNTINGTON WV 25705	<table border="1"> <tr> <td>NAME</td> <td>ADDRESS</td> <td>Change</td> <td>Add</td> </tr> <tr> <td>3385 Coastal Highway, Suite 305</td> <td>St. Augustine, FL 32095</td> <td>☒</td> <td>☐</td> </tr> <tr> <td>1410 1/2 Hickory Street</td> <td>Flatwoods, KY 41139</td> <td>☐</td> <td>☐</td> </tr> </table>	NAME	ADDRESS	Change	Add	3385 Coastal Highway, Suite 305	St. Augustine, FL 32095	☒	☐	1410 1/2 Hickory Street	Flatwoods, KY 41139	☐	☐
NAME	ADDRESS																				
D MAURER, PATRICIA A	13750 SW 16TH ST. FT. LAUDERDALE FL 33325																				
D SHANK, THOMAS L	207 3RD ST. ST. AUGUSTINE FL 32095																				
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NAME	ADDRESS	Change	Add																		
3385 Coastal Highway, Suite 305	St. Augustine, FL 32095	☒	☐																		
1410 1/2 Hickory Street	Flatwoods, KY 41139	☐	☐																		

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the same is in good standing and is entitled to the right to transact business in this State.

SIGNATURE: *Patricia A. Maurer* President 5/17/95 305/370-6004
PATRICIA A. MAURER

010075 0000

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Secretary of State
Corporate Services Bureau

APPROVED
FILED

02/23/1993

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015482 (1)

CRYSTAL SHORES, INC.

DO NOT WRITE IN THIS SPACE

3. Certificate of Incorporation or Charter	3a. Date of Last Report
02/23/1993	08/05/1994
4. FEI Number	Applicant Fee
59-3174952	Not Applicable
5. Certificate of Status Deemed	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
7. This corporation has liability for intangible tax under 15.001(1)(b) Florida Statutes	☐ Yes ☐ No

2. Principal Office of Registrant	2a. Mailing Address
21. c/o Charles Ross	26. See # 2
22. 8370 40th Ave N.	27. ←
23. St. Petersburg FL	28. City & State
24. 33709	29. Zip
25. USA	30. Country

9. Name and Address of Current Registered Agent

ROSS, CHARLES W
360 CENTRAL AVENUE
SUITE 1500
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been authorized by the board of directors of the corporation, and that the same has been filed with the Secretary of State of the State of Florida.

SIGNATURE

Charles W. Ross
VDS

3/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP TOMASELLI, JOEL 2840 S COLLEGE RD WILM NC	1. NAME	☐ Change ☒ Addition
STREET ADDRESS	VDS	2. STREET ADDRESS	28412
CITY	ROSS, CHARLES W	3. CITY	☐ Change ☐ Addition
STATE	5933 GULFPORT BLVD	4. STATE	
ZIP	GULFPORT FL	5. ZIP	
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	☐ Change ☐ Addition
STATE		9. STATE	
ZIP		10. ZIP	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	☐ Change ☐ Addition
STATE		14. STATE	
ZIP		15. ZIP	☐ Change ☐ Addition
NAME		16. NAME	☐ Change ☐ Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	☐ Change ☐ Addition
STATE		19. STATE	
ZIP		20. ZIP	☐ Change ☐ Addition

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and is not required for the exemption stated in Section 130.07(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplementary report is true and correct to the best of my knowledge and belief, and that the same has been authorized by the board of directors of the corporation, and that the same has been filed with the Secretary of State of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Ross
Charles Ross

3/1/95 813-3811288

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P93000015781 (6)

MAY 02 7:10:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
BARTOW HOLDING CO., INC.

Principal Place of Business
**1910 STATE RD 60- WEST
BARTOW FL 33830
US**

Mail Stop
**3254 W. MOHAWK LN
PHOENIX AZ 85027-0300
US**

DO NOT WRITE IN THIS SPACE

3. Date Recapitalized or Qualified 03/02/1993	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0400620	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. 198.123 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State of Principal Place of Business 22	State of Mailing Address 27
City and State 23	City and State 28
ZIP 24	ZIP 25
29	-6030
30	

9. Name and Address of Current Registered Agent

**LANDSMAN, SAMUEL
18071 BISCAYNE BLVD
APT 1601 TOWER N3
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name KNESKI, PETER/KNESKI & KNESKI
82 Street Address (P.O. Box Number is Not Acceptable)
BISCAYNE BUILDING - SUITE 807
83 19 W. FLAGLER ST.
84 City MIAMI
FL 85 33130

11. Pursuant to the provisions of sections 198.123 and 198.124, 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. Thereby accept the appointment of registered agent. I am familiar with and accept the appointment of the new registered agent.

SIGNATURE

[Signature]

Signature of Registered Agent

X

5/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PD LANDSMAN, SAMUEL 18071 BISCAYNE BLVD #1601-N3 N MIAMI BEACH FL 33160	NAME	☐ Change ☐ Addition
NAME	SD LANDSMAN, RHODA 18071 BISCAYNE BLVD #1601-N3 N MIAMI BEACH FL 33160	NAME	☐ Change ☐ Addition
NAME	TD VANICEK, R. D. 3254 W MOHAWK LN PHOENIX AZ	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the corporation is in compliance with the provisions of Chapter 198, Florida Statutes. I further certify that the information indicated on the enclosed report of incorporation and annual report is true and correct, and that my signature shall have the same legal effect as if made on the report of incorporation and annual report. I am familiar with and accept the appointment of the new registered agent. I am familiar with and accept the appointment of the new registered agent.

SIGNATURE:

[Signature]

R. D. VANICEK
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

602-780-4963

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MORTIMER
Secretary of State
(Tallahassee, FLORIDA 32399)

APPROVED
FILED

RECEIVED MAY 15 1995

STATE OF FLORIDA

DOCUMENT # P93000016683 (3)

To: Federal and State

APPLE INTERNATIONAL SERVICES, INC.

Principal Office of Registrant
2180 HAMMOCK LANE
FT. LAUDERDALE FL 33312

Mailing Address
2180 HAMMOCK LANE
FT. LAUDERDALE FL 33312

DATE TO FILE IN THIS SPACE

3. Date incorporated or qualified 03/05/1993	3a. Date of Last Report 10/10/1994
4. FCI Number 65-0395171	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
7. Does corporation have ownership in a foreign corporation? Florida Statute ☐ Yes ☒ No	

2. Principal Office of Registrant 21. 1500 Cordova RD. County Apt # etc. 22. # 214 City & State 23. FT. LAUDERDALE FL	2a. Mailing Address 26. 1500 Cordova RD. County Apt # etc. 27. # 214 City & State 28. FT. LAUDERDALE FL
24. 33316	25. Broward
29. 33316	30. Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APPLETON, FREDRIC C JR
2180 HAMMOCK LANE
FT. LAUDERDALE FL 33312

81. Name	
82. Street Address (P.O. Box Number or Post Office Address)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida, and that change was authorized by the corporation's board of directors, if any, or the corporation's sole officer, if any, and that the application is registered agent. I am a director or officer of the corporation of the State of Florida.

SIGNATURE

Fredric C. Jr.

3-13-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME D APPLETON, FREDRIC C JR 2180 HAMMOCK LANE FT. LAUDERDALE FL 33312		NAME 1. NAME	☐ Change ☐ Addition
NAME 2. NAME		NAME 2. NAME	☐ Change ☐ Addition
NAME 3. NAME		NAME 3. NAME	☐ Change ☐ Addition
NAME 4. NAME		NAME 4. NAME	☐ Change ☐ Addition
NAME 5. NAME		NAME 5. NAME	☐ Change ☐ Addition
NAME 6. NAME		NAME 6. NAME	☐ Change ☐ Addition
NAME 7. NAME		NAME 7. NAME	☐ Change ☐ Addition
NAME 8. NAME		NAME 8. NAME	☐ Change ☐ Addition
NAME 9. NAME		NAME 9. NAME	☐ Change ☐ Addition
NAME 10. NAME		NAME 10. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information is correct and that the corporation is in good standing and that the corporation shall have the same legal effect as if it were a corporation. I am a director or officer of the corporation of the State of Florida and that the change was authorized by the corporation's board of directors, if any, or the corporation's sole officer, if any, and that the application is registered agent. I am a director or officer of the corporation of the State of Florida.

SIGNATURE:

Fredric C. Jr.

5-13-95

305-760-5801