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 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013445 (0)

1. Corporation Name
GUAY PAINTING, INC.

Principal Place of Business
2535 ARLINGTON ST
SARASOTA FL 34239

Mailing Address
2535 ARLINGTON ST
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip | 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 Country

4. FEI Number: 65-0390321 ☐ 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 § 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUAY, DONALD L
2535 ARLINGTON ST
SARASOTA FL 34239

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
(Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	GUARY, DONALD L	1.2 NAME	Guay Donald L.
STREET ADDRESS	2535 ARLINGTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	GUARY, BRIAN	2.2 NAME	Guay Brian
STREET ADDRESS	2016 STRATFORD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, KEVIN	3.2 NAME	
STREET ADDRESS	2329 AMANTI DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCLUNG, MIKE	4.2 NAME	
STREET ADDRESS	2535 ARLINGTON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	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: Donald L Guay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0344062 CP

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DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P93000013732 (1)

1. APR HEALTH SERVICES, INC.

9754 DATURA STREET
MIAMI FL 33157

Mailing Address
9754 DATURA STREET
MIAMI FL 33157

3. Date Incorporated: 02/24/1993
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business: 9754 E DATURA ST. Miami, Fl. 33157

2a. Mailing Address: 9754 E. DATURA ST. Miami, Fl. 33157

4. FEI Number: 65-0390377 — 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

RUSSELL, ANGELA P
9754 DATURA STREET
MIAMI FL 33157

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code

11. [illegible]

12. OFFICERS AND DIRECTORS

Title	Name	Address	City-St-Zip
D	RUSSELL, ANGELA P	18433 S.W. 87TH PLACE	MIAMI FL 33157
D	PARISH, VERNON	18432 S.W. 87TH PLACE	MIAMI FL 33157
D	RUSSELL, SIDONIA	18433 S.W. 87TH PLACE	MIAMI FL 33157
D	HALL, KEISHA	18433 S.W. 87TH PLACE	MIAMI FL 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. [illegible]

SIGNATURE: X Angela Russell 4/27/95 (305) 232-6861

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0170410 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

1:02

TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014360 (0)**

SURFSIDE SAND, INC.

Principal Place of Business	Mailing Address
11900 BISCAYNE BOULEVARD SUITE 780 NORTH MIAMI FL 33181	11900 BISCAYNE BOULEVARD SUITE 780 NORTH MIAMI FL 33181

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated/Qualified in Florida: 02/18/1993

3a. Date of Last Report: 08/30/1994

4. FEI Number: 65-0407167 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Finance Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has been/will be dissolved/withdrawn under S. 607.1501, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FREEDMAN, SANFORD A 11900 BISCAYNE BOULEVARD SUITE 780 NORTH MIAMI FL 33181	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 607.1622(2) and (607.1505, Florida Statutes, the above named corporation submits the 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 duties of the position set forth in such Florida Statutes.

SIGNATURE: PRESIDENT 03/04/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D FREEDMAN, SANFORD A 11900 BISCAYNE BLVD #780 NORTH MIAMI FL 33181	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I/We hereby certify that the information supplied with this report is true, complete and accurate. I/We further certify 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 above or on an attached sheet with an address.

SIGNATURE: PRESIDENT 03/04/95 861-8601

SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACIELA TORTOLIA

0100104 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
MAY 5

9:57

TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015310 (4)**

1. Corporate Name

RAMA COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1801 CLARK ROAD ORLANDO FL 32818	P.O. BOX 1743 WINDERMERE FL 34786-1743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/22/1993	06/16/1994

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 County 25	ZIP 29 County 30

4. FEI Number: **59-3192301** ☐ 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. Has corporation been notified for intangible tax prior to 1994 U.S. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCLEAN, DAVID 1801 CLARK ROAD ORLANDO FL 32818	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 607.1007 and 607.1908, 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: (if changing registered agent, registered agent must sign here) (if changing registered agent's registered office address only, registered agent need not sign here) (if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
31 TITLE	PD	31 TITLE	☐ Change ☐ Addition
32 NAME	PERSAUD, SABETA	32 NAME	
33 STREET ADDRESS	8236 CONROY WINDERMERE ROAD	33 STREET ADDRESS	
34 CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
35 TITLE		35 TITLE	☐ Change ☐ Addition
36 NAME		36 NAME	
37 STREET ADDRESS		37 STREET ADDRESS	
38 CITY-ST-ZIP		38 CITY-ST-ZIP	
39 TITLE		39 TITLE	☐ Change ☐ Addition
40 NAME		40 NAME	
41 STREET ADDRESS		41 STREET ADDRESS	
42 CITY-ST-ZIP		42 CITY-ST-ZIP	
43 TITLE		43 TITLE	☐ Change ☐ Addition
44 NAME		44 NAME	
45 STREET ADDRESS		45 STREET ADDRESS	
46 CITY-ST-ZIP		46 CITY-ST-ZIP	
47 TITLE		47 TITLE	☐ Change ☐ Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY-ST-ZIP		50 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
55 TITLE		55 TITLE	☐ Change ☐ Addition
56 NAME		56 NAME	
57 STREET ADDRESS		57 STREET ADDRESS	
58 CITY-ST-ZIP		58 CITY-ST-ZIP	
59 TITLE		59 TITLE	☐ Change ☐ Addition
60 NAME		60 NAME	
61 STREET ADDRESS		61 STREET ADDRESS	
62 CITY-ST-ZIP		62 CITY-ST-ZIP	

14. I/We 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: Sabeta Persaud SABETA PERSAUD, V/P 407 2 9 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Telephone Number

0483301 FP