FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
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'95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

S.19 B.63607

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

DOCUMENT # P93000016425 (9)

1. Corporation Name
FANJO INVESTMENT, INC.

Principal Place of Business	Mailing Address
6734 COLLINS AVE. MIAMI BEACH FL 33141	6734 COLLINS AVE. MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/26/1993	02/03/1994

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
65-0395687
☐ 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 authority to engage in activities as under s. 607.0501, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NARANJO, FELIX 6734 COLLINS AVE. MIAMI BEACH FL 33141	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 607.0505 and/or 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 this Agent is a corporation, this signature must be that of an officer or director) (If this Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (# 12)	
1 TITLE	PSTD	1 TITLE	☐ Change ☐ Addition
1 NAME	NARANJO, FELIX	1 NAME	
1 STREET ADDRESS	6734 COLLINS AVE.	1 STREET ADDRESS	
1 CITY-ST-ZIP	MIAMI BEACH FL 33141	1 CITY-ST-ZIP	
2 TITLE	V	2 TITLE	☐ Change ☐ Addition
2 NAME	PULTHON, VIRGINIA	2 NAME	
2 STREET ADDRESS	6734 COLLINS AVE.	2 STREET ADDRESS	
2 CITY-ST-ZIP	MIAMI BEACH FL 33141	2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 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 1, or Block 2, above, or I have attached the required information with an address.

SIGNATURE: [signature] x (305) 865-5295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150002 CP

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016664 (3)**

1. A.L.H., INC. OF TALLAHASSEE

Principal Place of Business	Mailing Address
1417-E CAPITAL CIRCLE NW TALLAHASSEE FL 32303 US	1417-E CAPITAL CIRCLE NW TALLAHASSEE FL 32303 US

3. Date Incorporated: 03/04/1993 — 3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21 1417 Capital Circle NW; 22 Unit F; 23; 24; 25

2a. Mailing Address: 26 1417 Capital Circle NW; 27 Unit F; 28; 29; 30

4. FEI Number: 59-3167967 — 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

HARRIS, MICHAEL D
1417-E CAPITAL CIRCLE NW
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1417 Capital Circle NW
83 Unit F
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HARRIS, MICHAEL D.
STREET ADDRESS	1417 E. CAPITAL CIRCLE, NW
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VPTD
NAME	HARRIS, LESLEY S.
STREET ADDRESS	1417 E. CAPITAL CIRCLE, NW
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VP
NAME	SINKO, WILLIAM A.
STREET ADDRESS	1417 E. CAPITAL CIRCLE, NW
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☑ Change ☐ Addition	
STREET ADDRESS	1417 Capital Circle NW, Suite F
☑ Change ☐ Addition	
STREET ADDRESS	1417 Capital Circle NW, Suite F
☑ Change ☐ Addition	
STREET ADDRESS	1417 Capital Circle NW, Suite F
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Lesley S. Harris VP 4/26/95 904 515 0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0026461 CP

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CORPORATION
ANNUAL REPORT
1995

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

ACCEPTED AND FILED

DOCUMENT # **P93000017547 (9)**

1. Corporate Name
JUPITER MARINE, INC.

:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1040 BAYVIEW DR. SUITE 520 FT. LAUDERDALE FL 33304 US	1040 BAYVIEW DR. SUITE 520 FT. LAUDERDALE FL 33304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/05/1993**
3a. Date of Last Report: **07/05/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22): **Suite 420**
Suite, Apt. #, etc. (27): **Suite 420**

City & State (23)
City & State (28)

(24) (25) (29) (30)

4. FEI Number: **65-0423490** ☐ 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 validly elected to participate in the Florida Limited Liability Company Act pursuant to Section 608.438, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEATON, LINN
18701 SE FEDERAL HWY
JUPITER FL 33469

10. Name and Address of New Registered Agent

81 Name: Heaton, Linn
82 Street Address (P.O. Box Number is Not Acceptable): 1040 Bayview Dr. , Suite 420
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33304

11. Pursuant to the provisions of Section 607.0501 and 607.1008, 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: (Required when reinstating or changing registered agent)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEATON, LINN
STREET ADDRESS	1040 BAYVIEW DR., STE. 520
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	HEATON, LEE
STREET ADDRESS	1040 BAYVIEW DR., STE. 520
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report 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 added by attachment with an address.

SIGNATURE: X
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95 (305) 563-3779
Date Daytime Phone #

0211172 CP