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 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018502 (3)

1. Corporate Name
ASSOCIATES AIR AMBULANCE INC.

Principal Place of Business
1901 NE 52ND STREET
FORT LAUDERDALE FL 33308-3702

Mailing Address
1901 NE 52ND STREET
FORT LAUDERDALE FL 33308-3702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 06/16/1994
4. FEI Number: 65-0401116 — 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. 199.292, Florida Statutes. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SMITH, ANDRE D
1901 NE 52ND STREET
FORT LAUDERDALE FL 33308-3702

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

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	SMITH, ANDRE D
STREET ADDRESS	1901 NE 52ND STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: ANDRE D. SMITH 5/16/95 (305) 771-3151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0215068 CP

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Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY ... 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018637 (7)

1. Corporation Name

WATERFRONT FITNESS, INC.

Principal Place of Business: 901 DONALD ROSS RD. JUNO BEACH FL 33408

Mailing Address: 901 DONALD ROSS RD. JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 08/30/1994

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 65-0410733 — 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

ANDREWS, DANA A
901 DONALD ROSS RD.
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL
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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDREWS, DANA
STREET ADDRESS	901 DONALD ROSS RD.
CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	VP
NAME	LA FLEUR, KENT
STREET ADDRESS	901 DONALD ROSS RD.
CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	S/T
NAME	BURDETT, RICHARD F
STREET ADDRESS	901 DONALD ROSS RD.
CITY-ST-ZIP	JUNO BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

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(1)(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: Dana Andrews DANA ANDREWS 5/15/95 407 626 3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0248229 CP

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1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000019182 (3)**

1. Corporation Name
BREVARD TOWER COMMUNICATIONS, INC.

Principal Place of Business
2198 W. KING ST.
COCOA FL 32926

Mailing Address
2198 W. KING ST.
COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3219408 — 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

2. Principal Place of Business
21 905 Sarno Road
22 Suite, Apt. #, etc.
23 City & State: Melbourne, FL 32935
24 Zip: 32935
25 County: Brevard

2a. Mailing Address
26 P.O. Box 361293
27 Suite, Apt. #, etc.
28 City & State: Melbourne, FL 32936-1293
29 Zip: 32936-1293
30 County: Brevard

9. Name and Address of Current Registered Agent

DORSEY, ~~SHERI~~ Shari
2198 W KING STR
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name: Thomas E. Shine
82 Street Address (P.O. Box Number is Not Acceptable): 905 Sarno Road
83
84 City: Melbourne — FL — 85 Zip Code: 32935

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: Thomas E. Shine

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DORSEY, SHARI
STREET ADDRESS	2198 W KING STR
CITY-ST-ZIP	COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE	PST and Director	[X] Change [ ] Addition
1 NAME	SHINE, THOMAS E.	
1 STREET ADDRESS	905 Sarno Road	
1 CITY-ST-ZIP	Melbourne, FL 32935	

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: Thomas E. Shine XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 8 May 95 1-407-254-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS E. SHINE

0073500 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000019618 (6)

1. Corporate Name

TORO PROPERTIES, INC.

Principal Place of Business: EIDERSTRASSE 22 NORDERSTEDT GE 33919 US

Mailing Address: C/O 6371-4 PRESIDENTIAL CT FT MYERS FL 33919 US

3. Date Incorporated or Qualified: 03/16/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0393739 — 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. 199.057, Florida Statutes. [ ] Yes X No

9. Name and Address of Current Registered Agent

KUSHNER, STEVEN P
1515 BROADWAY
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	USZKO, WILLI
STREET ADDRESS	C/O 6371-4 PRESIDENTIAL CT.
CITY-ST-ZIP	FT. MYERS FL
TITLE	DS
NAME	USZKO, INGRID
STREET ADDRESS	C/O 6371-4 PRESIDENTIAL CT
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do 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: [signature] 04.01.95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLI USZKO

0450067 FP