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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 2:01

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000025651 (9)

1. Corporation Name
PLANET PIZZA, INCORPORATED

Principal Place of Business	Mailing Address
1785 ALAQUA DR. LONGWOOD FL	1785 ALAQUA DR. LONGWOOD FL

2. Principal Place of Business: 21 14 W. Washington	2a. Mailing Address: 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State: 23 Orlando, FL	City & State: 28
Zip: 24 ~~[illegible]~~ 32801 — Country: 25	Zip: 29 32779 — Country: 30

3. Date Incorporated or Qualified: **04/05/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3176467** ☐ 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

HAMBY, FRANK
1785 ALAQUA DR.
LONGWOOD FL

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

TITLE	D
NAME	ANTHONY, DON
STREET ADDRESS	703 OAK MANOR CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	HAMBY, FRANK
STREET ADDRESS	1785 ALAQUA DR.
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	CASSCELLS, MARGARET S. O
STREET ADDRESS	1785 ALAQUA DR.
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	WELLS, DENNIS
STREET ADDRESS	401 CINNAMON OAK CT.
CITY-ST-ZIP	LAKE MARY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 the 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] — 5/25/95 — 407-383-4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Frank S Hamby

0046180 CP

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000026655 (9)

1. Corporation Name

COLLEGE PLUS, INC.

Principal Place of Business	Mailing Address
1261 HOMESTEAD RD N SUITE 201 LEHIGH ACRES FL 33936	1261 HOMESTEAD RD N SUITE 201 LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1993**	3a. Date of Last Report: **06/24/1994**
4. FEI Number: **65-0402213**	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THREET, JOHN G
1261 HOMESTEAD RD N
SUITE 201
LEHIGH ACRES FL 33936

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	TITLE	☐ Change ☐ Addition
NAME	KING, J. STANLEY	NAME	
STREET ADDRESS	1261 HOMESTEAD RD N	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	THREET, JOHN C	NAME	
STREET ADDRESS	1261 HOMESTEAD RD N	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☒ Addition
NAME		NAME	D Darnell Coleman
STREET ADDRESS		STREET ADDRESS	1261 Homestead Road N
CITY-ST-ZIP		CITY-ST-ZIP	Lehigh Acres FL
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 added to the report with an address.

SIGNATURE: x John G Threet John G. Threet 5/31/95 (813) 368-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0934730 CP

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

FILED
SECRETARY OF STATE

DOCUMENT # P93000028768 (8)

1. Corporation Name
SOUTHEAST IMPRINTED APPAREL CORP.

Principal Place of Business	Mailing Address
5214 NE 12 AVE FT. LAUDERDALE FL 33334	5214 NE 12 AVE FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1993	3a. Date of Last Report: 07/13/1994
4. FEI Number: 65-0401199	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCALL, M. JOEL 5214 NE 12 AVE FT. LAUDERDALE FL 33334	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	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	MCCALL, M. JOEL	12 NAME	
STREET ADDRESS	4214 NE 12 AVENUE	13 STREET ADDRESS	5214 NE 12 Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MCCALL, JUDY	22 NAME	
STREET ADDRESS	5214 NE 12 AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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 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: Joel McCall — Joel McCall — 5-30-95 — 305-351-0909

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

0237400 CP

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CORPORATION ANNUAL REPORT 1995

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

FILED ... STATE

DOCUMENT # P93000028769 (6)

1. Corporation Name

AMERICAN AND FOREIGN AUTO INC.

Principal Place of Business
1088 NE INDUSTRIAL BLVD.
JENSEN BCH. FL 34957

Mailing Address
1088 NE INDUSTRIAL BLVD.
JENSEN BCH. FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0479119 ☐ 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

LANDINO, NICHOLAS A
1088 NE INDUSTRIAL BLVD.
JENSEN BCH. FL 34957

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	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LANDINO, MARIE	1.2 NAME	
STREET ADDRESS	1088 NE INDUSTRIAL BLVD.	1.3 STREET ADDRESS	
CITY ST ZIP	JENSEN BCH. FL 34957	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LANDINO, NICHOLAS A	2.2 NAME	
STREET ADDRESS	1088 NE INDUSTRIAL BLVD.	2.3 STREET ADDRESS	
CITY ST ZIP	JENSEN BCH. FL 34957	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 Date

407-334-3450 Daytime Phone #

0379072 CP

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

FILED ... STATE

DOCUMENT # P93000029250 (6)

1. Corporation Name
BACCALLAO CHARTERS, INC.

Principal Place of Business: ~~112 7TH LANE KEY LARGO FL 33037~~ P.O. Box 609 KEY WEST, FL 33041

Mailing Address: ~~112 7TH LANE KEY LARGO FL 33037~~ P.O. Box 609 Key West FL 33041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/19/1993	05/01/1994

4. FEI Number: 65-0414708 ☐ 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		2a. Mailing Address
21	P.O. Box 609	26	P.O. Box 609
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: KEY WEST, FL	28	City & State: Key West, FL
24	Zip: 33041	29	Zip: 33041
25	Country	30	Country

9. Name and Address of Current Registered Agent

JACQUES, PATRICK JR
~~112 7TH LANE~~ P.O. Box 609 N/A
~~KEY LARGO FL 33037~~ Key West, FL 33041

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

TITLE	P N/A
NAME	YACQUES, PATRICK JR
STREET ADDRESS	~~112 7TH LANE~~ P.O. Box 609
CITY-ST-ZIP	~~KEY LARGO FL 33037~~ Key West, FL 33041
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME	P.O. Box 609	N/A
13 STREET ADDRESS	Key West FL 33041	
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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(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: P. Jacques Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick J. Yacques Jr

Date: 5/1/95

Daytime Phone #: 305-744-8744

CP