SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 20 AM 9:24

DOCUMENT # P93000030768 (4)

1. Corporation Name

SOUTHWIND TRANSPORT, INC.

Principal Place of Business	Mailing Address
10798 N.W. 7TH AVE. MIAMI FL 33168	10798 N.W. 7TH AVE. MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (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: 65-0488313 ☐ 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 estimated tax under s. 220.222, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DRUCKMAN, JACK P
18151 NE 31ST COURT
SUITE PH114
N MIAMI BEACH FL 33160

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (DELETE TYPE)	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KETANT, JOSEPH	1.2 NAME	
STREET ADDRESS	10798 N.W. 7 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	KETANT, MARIE	2.2 NAME	
STREET ADDRESS	10798 N.W. 7 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	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	

CR2E034 (3/95)

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: [signature] PRESIDENT 6-14-95 305-757-4415
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSEPH KETANT

0008408 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 P20'95 B.7412-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 PM 2:59

DOCUMENT # P93000030978 (9)

1. Corporation Name

BEECHWOOD INSURANCE MANAGERS, INC.

Principal Place of Business	Mailing Address
~~% DESANTIS, COOK & GASKILL~~ ~~11891 US HIGHWAY ONE~~ ~~NORTH PALM BEACH FL 33408~~	~~% DESANTIS, COOK & GASKILL~~ ~~11891 US HIGHWAY ONE~~ ~~NORTH PALM BEACH FL 33408~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % Michael D. Shenkman	2a. Mailing Address 26 Same as # 2
Suite, Apt. #, etc. 22 8570 Phillips Highway, Ste 105	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28
Zip / Country 24 32241 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 04/27/1993
3a. Date of Last Report: 05/19/1994
4. FEI Number: 65-0404385 ☐ 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

SHENKMAN, CURTIS L
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: SHENKMAN, MICHAEL D.
82 Street Address (P.O. Box Number is Not Acceptable): 8570 Phillips Highway, Suite 105
83
84 City: Jacksonville FL 85 Zip Code: 32241

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: MICHAEL D. SHENKMAN DATE: 6/26/1994
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.
TITLE D NAME SHENKMAN, MICHAEL D STREET ADDRESS ~~% 11891 US HIGHWAY ONE~~ CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~	11 TITLE 12 NAME c/o American Surety & Cas. 13 STREET ADDRESS 8570 Phillips Highway, Suite 105 14 CITY-ST-ZIP Jacksonville, FL 32241 ☒ Change ☐ Addition
TITLE D NAME HOWSON, BRUCE K STREET ADDRESS ~~% 11891 US HIGHWAY ONE~~ CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~	21 TITLE 22 NAME c/o American Surety & Cas. Co 23 STREET ADDRESS 8570 Phillips Highway, Ste 105 24 CITY-ST-ZIP Jacksonville, FL 32241 ☐ Change ☐ Addition
TITLE D NAME BUHR, ARTHUR H STREET ADDRESS ~~% 8570 PHILLIPS HIGHWAY, SUITE 105~~ CITY-ST-ZIP ~~JACKSONVILLE FL 32241~~	31 TITLE 32 NAME c/o American Surety & Cas. Co. 33 STREET ADDRESS 8570 Phillips Hwy Ste 105 34 CITY-ST-ZIP Jacksonville, Fla. 32241 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ 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(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: Michael D. Shenkman MICHAEL D. SHENKMAN President + CEO 6/26/1994 904-733-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date Daytime Phone #

0003388 CP

CR2E034 (3/95)