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 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034910 (8)**

1. Corporate Name
TIME AFTER TIME INC.

Principal Place of Business	Mailing Address
3251 N DIXIE HWY FT LAUDERDALE FL	3251 N DIXIE HWY FT LAUDERDALE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1993**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0396106**	☐ 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 only the changes allowed by Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business — 21 — Suite Apt # etc. — 22 — City & State — 23 — 24 — 25

2a. Mailing Address — 26 — Suite Apt # etc. — 27 — City & State — 28 — 29 — 30

9. Name and Address of Current Registered Agent

RUDNICK, ROBERT
545 BAYSHORE DR
#5
FT LAUDERDALE FL 33304

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 Section 607.1007 and/or 608 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.

(If applicable)

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D RUDNICK, ROBERT 545 BAYSHORE DR #5 FT LAUDERDALE FL 33304	☐ Change ☐ Addition
D NICHOLS, JOHN 2601 S. BAYSHORE DR. MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Robert S. Rudnick — ROBERT S. RUDNICK — 4/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date
PRES. / DIRECTOR

0236849 CP

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1995

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

APPROVED AND FILED
95 MAY ... AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035110 (4)

1. Corporation Name
WILLIAM A. LATORRE, D.C., P.A.

Principal Place of Business	Mailing Address
5453 CENTRAL AVE ST PETERSBURG FL 33710	5453 CENTRAL AVE ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/12/1993**
3a. Date of Last Report: **05/26/1994**
4. FEI Number: **59-3181655** ☐ 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
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

LATORRE, WILLIAM A
5453 CENTRAL AVE
ST PETERSBURG FL 33710

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	PSD	11 TITLE	☐ Change ☐ Addition
NAME	LATORRE, WILLIAM A	12 NAME	
STREET ADDRESS	5453 CENTRAL AVE	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	LATORRE, WILLIAM A	22 NAME	
STREET ADDRESS	5453 CENTRAL AVE	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG 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)(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 of the report or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-95 — Date

(813) 321-1313 — Daytime Phone

0008442 CP

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ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # **P93000036164 (0)**

1. Corporate Name
B.A.J. INVESTMENTS, INC.

Principal Place of Business
510 NW 54 ST
MIAMI FL 33127

Mailing Address
510 NW 54 ST
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1993**
3a. Date of Last Report: **03/14/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
ZIP 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
ZIP 29 County 30

4. FEI Number: ~~APPLIED FOR~~ 65-0499349 ☐ 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

BLAXBERG, I. BARRY
25 SE 2 AVE
SUITE 730
MIAMI FL 33131

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 Section 607.0502 and 607.1008 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 registered agent under Section 607.325, Florida Statutes.

SIGNATURE
(If changing registered agent, registered agent must sign here.) (If changing registered agent or registered office, registered agent must sign here.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title	PD	☐ Change ☐ Addition
Name	ASHMORE, CHARLES J	
Address	510 NW 54TH ST	
City-St-Zip	MIAMI FL	
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		

14. I hereby certify that the information supplied with this filing is accurate and that I am not guilty of the corruption clause in Section 607.0193(1)(d), Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State that are required to be paid with this report, and that its name appears in block 1 or block 2 above (if an amendment, see instructions).

SIGNATURE: Charles J Ashmore - Pres, CHAS. J. ASHMORE 5-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-757 8996

0124004 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # P93000036646 (6)

ABSOLUTE INSURANCE SERVICES, INC.

APPROVED AND FILED

10: 15

TALLAHASSEE, FLORIDA

611 W. VINE ST SUITE C KISSIMMEE FL 34741	611 W. VINE ST. SUITE C KISSIMMEE FL 34741

3. Date of Last Report: 05/17/1993
3a. Date of This Report: 08/15/1994

4. FEI Number: 59-3182892 — 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. Does corporation owe any fees and penalties to the Florida Department of Revenue? Yes [X] No [ ]

2. Principal Place of Business	2a. Mailing Address
21 563 Ferguson Dr.	26 563 Ferguson Dr
22 Ste. # K	27 Ste. K
23 Orlando, FL	28 Orlando, FL
24 32805 25 Orange	29 32805 30 Orange

9. Name and Address of Current Registered Agent

BERMAN, JED
180 S. KNOWLES AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Donald W. Bolton
82 Street Address (P.O. Box Number is Not Acceptable): 563 Ferguson Dr Ste K
83
84 City: Orlando FL 85 Zip Code: 32805

11. Pursuant to the provisions of Section 607.1622, 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. The 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 registered agent under Florida Statutes.

SIGNATURE: Donald W. Bolton — Donald W. Bolton VP ST — 5/17/95

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
P CURLEY, GLEN KENTUCKY WOODS LN ORLANDO FL	[X] Change [ ] Addition P Margie Bolton 1551 Deming Dr Orlando, FL 32825
VP PURDY, MARGIE 1551 DEMING DR ORLANDO FL	[X] Change [ ] Addition VP Donald W Bolton 1551 Deming Dr Orlando, FL 32825
ST STELLE, KEVIN 1211 SAND PEBBLE WAY ORLANDO FL	[X] Change [ ] Addition ST Donald W. Bolton 1551 Deming Dr Orlando, FL 32825
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is absolutely complete and correct for the purposes stated in Section 607.0122(18), Florida Statutes. I further certify that I am familiar with and accept the responsibilities of registered agent and that I am qualified to accept service of process within this state. For qualified corporations, I certify that the officers or directors listed above are the only officers or directors of the corporation that I have been instructed to maintain on the records of the Department of State, pursuant to Section 607.1602, Florida Statutes, and that any changes appear above in the proper format for reporting such changes.

SIGNATURE: Margie A Bolton — 5/17/95 — 4072927277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margie A. Bolton

0374517 CP