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

AND FILED

95 MAY 22 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039837 (8)

1. Corporate Name

SECURITY & CONTROL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
954 W. BREVARD ST. TALLAHASSEE FL 32303	954 W. BREVARD ST. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3189619 — [ ] 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	10. Name and Address of New Registered Agent
MCBRIDE, WM B 609 PIEDMONT DR TALLAHASSEE FL 32312	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	COB
NAME	MCBRIDE, WILLIAM B.
STREET ADDRESS	609 PIEDMONT DR.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	Vice President
NAME	WILSON, WILLIAM R.
STREET ADDRESS	1208-A CROSS CREEK WAY
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	President
NAME	TOMILSON, JOHN C.
STREET ADDRESS	892 MADERIA CIR.
CITY-ST-ZIP	TALLAHASSEE FL
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: (blank; each block with [ ] 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: William R. Wilson — TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 (904) 224-5625
DATE — Daytime Phone #

0026410 CP

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CORPORATION ANNUAL REPORT 1995

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

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

DOCUMENT # P93000040593 (4)

1. Corporation Name

FIRST BANKING SERVICES, INC.

Principal Place of Business	Mailing Address
17 EGLIN PKWY FT WALTON BEACH FL 32547 US	P O BOX DRAWER 1327 FT WALTON BEACH FL 32549 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3184773 — 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	10. Name and Address of New Registered Agent
BEASLEY, J. LARRY 29 EGLIN PKWY FT WALTON BEACH FL 32548	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

Field	Entry
TITLE	CD
NAME	GITTINGS, JOHN
STREET ADDRESS	131 MAIN ST
CITY-ST-ZIP	GROVE HILL AL 36451
TITLE	STD
NAME	STEIN, ROBERT
STREET ADDRESS	131 MAIN ST
CITY-ST-ZIP	GROVE HILL AL 36451
TITLE	D
NAME	TRINGAS, JOHN J
STREET ADDRESS	29 EGLIN PKWY
CITY-ST-ZIP	FT WALTON BEACH FL 32548
TITLE	PD
NAME	BEASLEY, J. LARRY J
STREET ADDRESS	29 EGLIN PKWY
CITY-ST-ZIP	FT WALTON BEACH FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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

5/18/95 Date

(904)243-7111 Daytime Phone #

0470638 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

[illegible] 15

[illegible] TALLAHASSEE, FLORIDA

DOCUMENT # P93000040945 (6)

1. Corporation Name

WORLDWIDE HOPE LTD. CORP.

Principal Place of Business

4631 NW 31ST AVE
STE 276
FT LAUDERDALE FL 33309-3433
US

Mailing Address

4631 NW 31ST AVE
STE 276
FT LAUDERDALE FL 33309-3433
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993

3a. Date of Last Report: 04/22/1994

4. FEI Number: 65-0418386 ☐ Applied For ☐ Not Applicable

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 ___ Country 25 ___ Zip 29 ___ Country 30 ___

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

SCHWARTZ, STEVEN A
4631 NW 31ST AVE
STE 276
FT LAUDERDALE FL 33309-3433

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	11 TITLE	☐ Change ☐ Addition (CORRECTION)
NAME	SCHWARTZ, STEVEN A	12 NAME	
STREET ADDRESS	4631 NW 31ST AVE SUITE 276	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAIDERDALE FL 33309-3433	14 CITY-ST-ZIP	FT LAUDERDALE
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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 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: Steven A. Schwartz STEVEN A. SCHWARTZ MAY 19, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0219610 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041046 (2)**

1 **A.L. KITCHEN CABINETS, INC.**

2301 NW 8 AVE
MIAMI FL 33127

2301 NW 8 AVE
MIAMI FL 33127

3	3a.
06/04/1993	05/01/1994

2. Same 2a. Same

4. 65-0418807 — 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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOPEZ, ARIEL 2301 NW 8TH AVE MIAMI FL 33127	Name: Same Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

11. [illegible]

SIGNATURE: [signature] PRESIDENT 4.24.95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: P NAME: LOPEZ, ARIEL STREET ADDRESS: 2301 NW 8 AVE CITY-ST-ZIP: MIAMI FL	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. [illegible]

SIGNATURE: [signature] PRESIDENT 4·24·95 (305)636-2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0124830 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 ... 21

TALLAHASSEE, FLORIDA

DOCUMENT # P93000041452 (2)

1. Corporate Name

JEFFERSON EDIT, INC.

Principal Place of Business: 10350 SW 93 STREET, MIAMI FL 33176

Mailing Address: 10350 SW 93 STREET, MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	06/07/1993
3a. Date of Last Report	05/01/1994
4. FEI Number	65-0416504
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, 22 Suite, Apt # etc., 23 City & State, 24 Zip, 25 Country; 26, 27 Suite, Apt # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

AMERILAWYERS
343 ALMERIA AVE
CORAL GABLES FL 33134

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
NAME	STERNBERGER, JEFF P.
STREET ADDRESS	10340 SW 93RD STREET
CITY-ST-ZIP	MIAMI FL

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(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: Jeff P. Sternberger [signature] 5-16-95 305-271-6808

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

0193327 CP