FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 23 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P93000060558 (2)**

1. Current Name

THE PLATINUM GROUP, INC.

Principal Office Address

2215 S FEDERAL HWY
SUITE 81
FT. LAUDERDALE FL 33316

Mailing Address

2215 S FEDERAL HWY
SUITE 81
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **08/30/1993**

3a. Date of Last Report: **08/09/1994**

2. FEI Number: **65-0475759** ☐ 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 corporate tax under s. 220.02, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMARR, BARBARA J
1777 S ANDREWS AVE
SUITE 203
FT. LAUDERDALE FL 33316

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, 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 Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	KOCHAN, ROBERT	52 NAME	
53 STREET ADDRESS	6801 ENGLE RD., UNIT J	53 STREET ADDRESS	
54 CITY-ST-ZIP	MIDLEBERG HEIGHTS OH 44130	54 CITY-ST-ZIP	
55 TITLE	D	55 TITLE	☐ Change ☐ Addition
56 NAME	MIZENER, SCOTT	56 NAME	
57 STREET ADDRESS	2215 S FEDERAL HWY., #81	57 STREET ADDRESS	
58 CITY-ST-ZIP	FT. LAUDERDALE FL 33316	58 CITY-ST-ZIP	
59 TITLE		59 TITLE	☐ Change ☐ Addition
60 NAME		60 NAME	
61 STREET ADDRESS		61 STREET ADDRESS	
62 CITY-ST-ZIP		62 CITY-ST-ZIP	
63 TITLE		63 TITLE	☐ Change ☐ Addition
64 NAME		64 NAME	
65 STREET ADDRESS		65 STREET ADDRESS	
66 CITY-ST-ZIP		66 CITY-ST-ZIP	
67 TITLE		67 TITLE	☐ Change ☐ Addition
68 NAME		68 NAME	
69 STREET ADDRESS		69 STREET ADDRESS	
70 CITY-ST-ZIP		70 CITY-ST-ZIP	
71 TITLE		71 TITLE	☐ Change ☐ Addition
72 NAME		72 NAME	
73 STREET ADDRESS		73 STREET ADDRESS	
74 CITY-ST-ZIP		74 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 11 or Block 12 if changed, or is attached with an address.

SIGNATURE: 19 May 95

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

0228100 CP

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AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P93000060594 (7)**

1. Corporate Name

ADVANCED MEDICAL TRANSPORTATION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2950 NW 7TH AVE MIAMI FL 33127	2950 NW 7TH AVE MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1993	3a. Date of Last Report: 03/15/1994
4. FEI Number: ~~APPLIED FOR~~ 65-0080337	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 solely for changing its address & registered agent 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
24 25	29 30

9. Name and Address of Current Registered Agent

ROIG, ANNA P
6039 COLLINS AVE
PH 2
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City: FL 35 Zip Code:

11. Pursuant to the provisions of Section(s) 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.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	DP	TITLE	☒ Change ☐ Addition
NAME	GOMEZ-PEREZ, ISABEL	NAME	
STREET ADDRESS	6039 COLLINS AVE APT PH2	STREET ADDRESS	7320 No. Augusta Drive
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	Miami, Fl. 33015
TITLE	DS	TITLE	☐ Change ☐ Addition
NAME	ROIG, ANNA P	NAME	
STREET ADDRESS	6039 COLLINS AVE PH-2	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	
TITLE	DVT	TITLE	☒ Change ☐ Addition
NAME	FISHER, PAULINE P	NAME	Bacon, Pauline J
STREET ADDRESS	17000 NW 67TH AVE	STREET ADDRESS	272 NE 200 Tr.
CITY-ST-ZIP	MIAMI LAKES FL 33015	CITY-ST-ZIP	Miami, Fl. 33179.
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 report is absolutely 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 1, or Block 12 if changed, or on any attachment with an address.

SIGNATURE: Isabel Gomez-Perez ISABEL GOMEZ-PEREZ 2/20/95 305-636-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0124020 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

... 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061160 (6)**

1. Corporation Name
HEIGA USA, INC.

Principal Place of Business	Mailing Address
3505 OAKS WAY UNIT 502 POMPANO BEACH FL 33069	801 W. 49TH ST. SUITE 226 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4507 N.W. 103 AVE	2a. Mailing Address: 4507 N.W. 103 AVE
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33351 — County: BROWARD	Zip: 33351 — County: BROWARD

3. Date Incorporated or Qualified: 09/01/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0434677 — 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

M & C ACCOUNTING SERVICES, INC.
801 W. 49TH ST.
SUITE 226
HIALEAH FL 33012

10. Name and Address of New Registered Agent

Name: JOSE M. IMBERNON
Street Address (P.O. Box Number is Not Acceptable): 4507 N.W. 103 AVE
City: SUNRISE FL Zip Code: 33351

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 Section 607.0505, Florida Statutes.

SIGNATURE [signature] 05.18.95

12. OFFICERS AND DIRECTORS

TITLE	~~P~~
NAME	~~HERRERA, RAMON~~
STREET ADDRESS	~~4507 NW 103RD AVE.~~
CITY-ST-ZIP	~~SUNRISE FL 33351~~
TITLE	P/T
NAME	JOSE M. IMBERNON
STREET ADDRESS	4507 N.W. 103 AVE
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	VP/S
NAME	JHON ALCALA
STREET ADDRESS	4507 N.W. 103 AVE
CITY-ST-ZIP	SUNRISE, FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(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(3)(k), 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 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] 05-18-95 (305) 749-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0081501 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

[illegible] 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061616 (7)**

1. Corporate Name

ADF COMPUTER CENTER, INC.

Principal Place of Business
4471 NW 36 ST., #208
MIAMI FL 33166

Mailing Address
4471 NW 36 ST., #208
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **08/30/1993**

3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business
21 **4451 NW 36 ST.**

22 Suite, Apt. #, etc. **105**

23 City & State **MIAMI, FL**

24 Zip **33166** 25 County **DADE**

2a. Mailing Address
26

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 County

4. FEI Number: **65-0452556** ☐ 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 to amortize tax under s. 193.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOMENECH, ANGEL D
4471 NW 36 ST., #208
MIAMI FL 33166

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 607.1508, 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 the position set forth in Section 607.0505, Florida Statutes.

SIGNATURE: ANGEL D. DOMENECH 3-7-95

(Corporate Officer, Director, Incorporator or Agent) (Typed or Printed Name of Person Signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
Title	P	Title	☐ Change ☐ Addition
Name	DOMENECH, ANGEL D	Name	
Street Address	8160 GENEVA CT., #307	Street Address	
City-St-Zip	MIAMI FL	City-St-Zip	
Title	ST	Title	T ☒ Change ☐ Addition
Name	MOLINA, DAVID	Name	DAUDIN, FLORENCE
Street Address	15405 SW 57 TERR.	Street Address	3412 KNOLLS RD.
City-St-Zip	MIAMI FL	City-St-Zip	MIRAMAR, FL 33025
Title	V	Title	☐ Change ☐ Addition
Name	MOLINA, DAVID	Name	
Street Address	15405 SW 57 TERR.	Street Address	
City-St-Zip	MIAMI FL	City-St-Zip	
Title		Title	S ☐ Change ☒ Addition
Name		Name	PIERRE, FRANTZ
Street Address		Street Address	15221 NE 6 AVE # 3064
City-St-Zip		City-St-Zip	N. MIAMI BEACH, FL 33162
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 absolutely true and correct 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 above, or on an attachment with an address.

SIGNATURE: ANGEL D. DOMENECH 3-7-95 (305) 887-8455

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

0170502 CF

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95 MAY 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **P93000061973 (2)**

1. Corporate Name

HIGHLAND LAKES REALTY, INC.

Principal Place of Business	Mailing Address
550 SOUTH HIGHLAND STREET MOUNT DORA FL 32757	550 SOUTH HIGHLAND STREET MOUNT DORA FL 32757

(Document Will Be Filed As Typed)

3. Date Incorporated or Qualified: **08/30/1993**

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) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **59-3215677** ☐ Applied For ☐ Not Applicable

5. Certificate of Status (optional) ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation desires to participate under S. 119.07(3)(i), Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPOONER, SAMUEL O. **1324 CRESTVIEW DRIVE** **MOUNT DORA FL 32757**	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 607.1908, 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: Samuel O Spooner — President — 5-15-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME SPOONER, SAMUEL O. STREET ADDRESS 1324 CRESTVIEW DRIVE CITY-ST-ZIP MOUNT DORA FL	☐ Change ☐ Addition
TITLE T NAME WATKINS, YEUELL G. STREET ADDRESS 1400 EUDORA ROAD, #A-7 CITY-ST-ZIP MOUNT DORA FL	☐ Change ☐ Addition T Watkins, Yeuell G. 26430 Savage Circle Howey In The Hills FL 34737
TITLE S NAME REA, C. SCOTT STREET ADDRESS 1421 E. LIBERTY AVENUE CITY-ST-ZIP MOUNT DORA FL	☐ Change ☐ Addition S Rea, C Scott 1679 Banning Beach Road Tavares FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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: Samuel O Spooner — **Samuel O Spooner 5/15/95 904-383-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0043977 CR

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CORPORATION ANNUAL REPORT
1995

APPROVED
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062676 (0)

1. Corporate Name

JENNIFER CUTLER RIDGE, INC.

Principal Place of Business: 19145 SOUTH DIXIE HIGHWAY, DADE FL 33157, US

Mailing Address: 471 CROSSWAYS PARK DRIVE, WOODBURY NY 11797, US

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 07/26/1994
4. FEI Number: 65-0461754
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. Florida Statutes: [X] Yes [ ] No

2a. Mailing Address
26: 417 Crossways Park Drive
28: Woodbury N.Y.
29: 11797
30: U S

9. Name and Address of Current Registered Agent

SNEIDER, BARBARA H
7079 WOODBRIDGE CT.
BOCA RATON FL 33434

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

P
ABADA, RAMI
301 EAST 87TH STREET
NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. [illegible]

SIGNATURE: √ Rami Abada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0001990 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED AND FILED

95 MAY 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062981 (4)

1. Current Name
VACATIONS D'GRANDEUR, INC.

Principal Place of Business	Mailing Address
633 TIMBERLANE ROAD TALLAHASSEE FL 32312	633 TIMBERLANE ROAD TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 09/09/1993
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City, State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City, State
28
Zip
29
Country
30

4. FEI Number: 22-3255085 ☐ 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

7. This corporation is subject to provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAPITAL CORPORATE SERVICES INC 633 TIMBERLANE ROAD TALLAHASSE 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 Section 607.1502 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
(Required if this is a change of registered agent. If this is not a change of registered agent, signature is optional.)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: CABLE, JOAN M STREET ADDRESS: EAST HAMPTON I 212 CITY-ST-ZIP: W PALM BEACH FL	11 TITLE: D ☑ Change ☐ Addition 12 NAME: JOAN M. CABLE 13 STREET ADDRESS: 857 NARRAGANSETT LANE 14 CITY-ST-ZIP: KEY LARGO, FLA. 33037
TITLE: D NAME: BURGER, MICHAEL P STREET ADDRESS: EAST HAMPTON I 212 CITY-ST-ZIP: W. PALM BEACH FL	21 TITLE: D ☑ Change ☐ Addition 22 NAME: BURGER MICHAEL P 23 STREET ADDRESS: 857 NARRAGANSETT LA. 24 CITY-ST-ZIP: KEY LARGO FLA. 33037
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	31 TITLE: ☐ Change ☐ Addition 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. I/We 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: Joan M Cable 5/15/95 516-735-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joan M. Cable

Date Telephone Number

000670 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

DOCUMENT # P93000063275 (0)

1. Corporate Name

STORAGE EXPRESS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4111 N. 42ND TERRACE HOLLYWOOD FL 33021	4111 N 42 TERR HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1993**

3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business — 21
Suite, Apt. # or — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. # or — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: **65-0495643** ☐ 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 was liable for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ELEFANT, REUBEN
4111 N 42 TERR
HOLLYWOOD FL 33021

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 607.1508, 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

(If changing Registered Agent, New Registered Agent must sign above.) (If changing Registered Agent, Former Registered Agent must sign above.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	P	☐ Change ☐ Addition
Name	HUS, ELYEZER	
Street Address	4111 N 42 TERR	
City-State-Zip	HOLLYWOOD FL	
Title	VP	☐ Change ☐ Addition
Name	ELEFANT, REUBEN	
Street Address	4111 N 42 TERR	
City-State-Zip	HOLLYWOOD FL	
Title	S	☐ Change ☐ Addition
Name	HUS, EDNA	
Street Address	4111 N TERR	
City-State-Zip	HOLLYWOOD FL	
Title	T	☐ Change ☐ Addition
Name	ELEFANT, BAT-SHEVA	
Street Address	4111 N 42 TERR	
City-State-Zip	HOLLYWOOD FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing meets the requirements of Section 607.0505, 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 added to this report.

SIGNATURE: Reuben Elefant 5-15-95 305-966-3549

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

0093640 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

APPROVED AND FILED
[illegible] 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063914 (4)

1. Corporation Name
E & A JANITORIAL INCORPORATED

Principal Place of Business: 1232 LAWRENCE AVE, DELTONA FL 32725

Mailing Address: 1232 LAWRENCE AVE, DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1993

3a. Date of Last Report: 06/10/1994

4. FEI Number: 59-3198293 ☐ 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) / 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)

9. **Name and Address of Current Registered Agent**

OSOFSKY, LEONARD
302 RACHELLE AVE
SANFORD FL 32771

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	ELY, DENA
STREET ADDRESS	1232 LAWRENCE AVE
CITY-ST-ZIP	DELTONA FL 32725

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: Dena Ely (signature) Dena Ely — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/1/95 Daytime Phone: 407-860-4131

0414304 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # P93000065405 (1)

1. Corporate Name

PRO/FACTOR, INC.

Principal Place of Business	Mailing Address
5300 NE 7TH STREET OCALA FL 33470	5300 NE 7TH STREET OCALA FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1993	3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-3199693	☐ 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
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. # or P.O. Box 22	State, Apt. # or P.O. Box 27
City & State 23	City & State 28
ZIP / Country 24 / 25	ZIP / Country 29 / 30

9. Name and Address of Current Registered Agent

FOOSE, B D
5300 NE 7TH STREET
OCALA FL 34470

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(s) 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

(Typed or printed name of registered agent) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
51 TITLE: D 52 NAME: FOOSE, B D 53 STREET ADDRESS: 5300 NE 7TH STREET 54 CITY ST ZIP: OCALA FL 34470	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
55 TITLE: D 56 NAME: RUSSUM, ROBERT W 57 STREET ADDRESS: 4801 NW 70TH 58 CITY ST ZIP: OKLAHOMA CITY OK 73132	55 TITLE ☐ Change ☐ Addition 56 NAME 57 STREET ADDRESS 58 CITY ST ZIP
59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY ST ZIP	59 TITLE ☐ Change ☐ Addition 60 NAME 61 STREET ADDRESS 62 CITY ST ZIP
63 TITLE 64 NAME 65 STREET ADDRESS 66 CITY ST ZIP	63 TITLE ☐ Change ☐ Addition 64 NAME 65 STREET ADDRESS 66 CITY ST ZIP
67 TITLE 68 NAME 69 STREET ADDRESS 70 CITY ST ZIP	67 TITLE ☐ Change ☐ Addition 68 NAME 69 STREET ADDRESS 70 CITY ST ZIP
71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY ST ZIP	71 TITLE ☐ Change ☐ Addition 72 NAME 73 STREET ADDRESS 74 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 above, or on an attachment with an address.

SIGNATURE: B. D. Foose President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. D. Foose

5-17-95
Date

904-236-6002
Daytime Phone #

0382760 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P93000065761 (7)

ORTHOPAEDIC ALLIANCE, INC.

FILED
95 MAY 25 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BARNETT CENTRE 9TH FLOOR
625 N FLAGLER DR
WEST PALM BEACH FL 33402

Mailing Address:
BARNETT CENTRE 9TH FLOOR
625 N FLAGLER DR
WEST PALM BEACH FL 33402

3. 09/21/1993 — 3a. Date of Last Report: 08/09/1994

4. FEI Number: ~~APPLIED FOR~~ 65-0439372 — 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

2. 21 903 MEADOWS ROAD — 2a. 26 903 MEADOWS ROAD
22 — 27
23 BOCA RATON, FL — 28 BOCA RATON FL
24 33486 — 25 — 29 33486 — 30

9. Name and Address of Current Registered Agent

SHEEHAN, THOMAS A III
BARNETT CENTRE 9TH FLOOR
625 N FLAGLER DR
WEST PALM BEACH FL 33402

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 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.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D COONEY, MICHAEL M 1411 N. FLAGLER DR. WEST PALM BEACH FL	Change / Addition
D CHALAL, JOSEPH B 4801 S CONGRESS AVE LAKE WORTH FL 33461	Change / Addition
D COOK, FRANK M 1411 N. FLAGLER DR. W. PALM BCH. FL	Change / Addition
D SCHOSHEIM, PETER M 903 MEADOWS RD BOCA RATON FL 33486	Change / Addition
D BLUMBERG, KALMAN M 4875 N. FEDERAL HWY., #800 FT. LAUDERDALE FL	Change / Addition
	Change / Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes.

SIGNATURE: PETER M SHOSHEIM, M.D. — 5/16/95 — 407 391 5663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0241667 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066502 (4)**

1. Current Name
TRI-COUNTY OBSTETRICS/GYNECOLOGY ASSOCIATES, INC

Principal Office
1736 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308

Mailing Address
1736 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308

(Principal Office, Mailing Address)

3. Date Incorporated/Qualified: 09/23/1993
3a. Date of Last Report: 08/17/1994

2. FEI Number
21

2a. FEI Number
26

4. FEI Number: 65-0437549
☐ Applied For
☐ Not Applicable

22

27

5. Certificate of State (Issued) ☐ $8.75 Additional Fee Required

23

28

6. Florida Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. Does corporation owe any outstanding taxes to Florida? Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUPERSTEIN, STANLEY H
1110 BRICKELL AVE
7TH FLOOR
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 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent after the change are as stated below. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

12. OFFICER AND DIRECTOR

D
KASSIN, KENNETH L. (M.
1736 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL

13. ADDITION, CHANGE TO OFFICER AND DIRECTOR

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 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 above, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0236724 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P93000066612 (1)**

1. Corporate Name

KDL DIGITAL TECHNOLOGIES, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6503 SOUTHWEST 136TH COURT MIAMI FL 33183	6503 SOUTHWEST 136TH COURT MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/24/1993**

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: **65-0438627**

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/will apply for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, FELIX A.
6503 S.W. 136 CT.
MIAMI FL 33183

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 607.1908, 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

(Typed or Printed Name of Registered Agent) (Registered Agent's Signature required for verification)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	P	1 TITLE	☐ Change ☐ Addition
2 NAME	PEREZ, FELIX A.	2 NAME	
3 STREET ADDRESS	6503 S.W. 136 CT	3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
5 TITLE	ST	5 TITLE	☐ Change ☐ Addition
6 NAME	PEREZ, OLGA	6 NAME	
7 STREET ADDRESS	6503 S.W. 136 CT.	7 STREET ADDRESS	
8 CITY-ST-ZIP	MIAMI FL	8 CITY-ST-ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY-ST-ZIP		12 CITY-ST-ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY-ST-ZIP		16 CITY-ST-ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY-ST-ZIP		20 CITY-ST-ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an additional

SIGNATURE: _____ Vice President 5-15-95 (305) 387-8606

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

020(03) CP