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 15 AM 8:16

DOCUMENT # **P93000062795 (8)**

1. Corporation Name
PALM BEACH CHICKEN, INC.

Principal Place of Business	Mailing Address
% JECK HARRIS JONES AND KAUFMAN 1061 E INDIANTOWN RD SUITE 400 JUPITER FL 33477	% JECK HARRIS JONES AND KAUFMAN 1061 E INDIANTOWN RD SUITE 400 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business
21: 2889 10th Ave. N.
Suite, Apt. #, etc.
22: Suite 303
City & State
23: Lake Worth, FL
Zip 24: 33461 County 25: USA

2a. Mailing Address
26: P.O. Box 32845
Suite, Apt. #, etc.
27:
City & State
28: Palm Beach Gardens, FL
Zip 29: 33410 County 30: USA

4. FEI Number: 65-0435531 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMA, ARTHUR
102 W SANDPIPER CIR
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name: Robert K.T. Liem
82 Street Address (P.O. Box Number is Not Acceptable): 2889 10th Ave. North, Suite 303
83:
84 City: Lake Worth FL 85 Zip Code: 33461

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: Robert Liem, President — Robert K.T. Liem, President — 5/10/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☒ Change ☐ Addition
NAME	PALMA, ARTHUR	12 NAME	Robert K.T. Liem	
STREET ADDRESS	102 W SANDPIPER CIR	13 STREET ADDRESS	2889 10th Ave. North Suite 303	
CITY ST ZIP	JUPITER FL 33477	14 CITY ST ZIP	Lake Worth, FL 33461	
TITLE		21 TITLE	Vice President	☐ Change ☒ Addition
NAME		22 NAME	Tom Bolton	
STREET ADDRESS		23 STREET ADDRESS	11863 Lake SHore Place	
CITY ST ZIP		24 CITY ST ZIP	North Palm Beach, FL 33435	
TITLE		31 TITLE	Secretary	☐ Change ☒ Addition
NAME		32 NAME	Bruce F. Prevost	
STREET ADDRESS		33 STREET ADDRESS	8292 Nashua Drive	
CITY ST ZIP		34 CITY ST ZIP	Palm Beach Gardens, Fl33410	
TITLE		41 TITLE	Treasurer	☐ Change ☒ Addition
NAME		42 NAME	Alban Bacchus	
STREET ADDRESS		43 STREET ADDRESS	2889 10th Avenue North Suite 301	
CITY ST ZIP		44 CITY ST ZIP	Lake Worth, FL 33461	
TITLE		51 TITLE	V.P. Financial Resources	☐ Change ☒ Addition
NAME		52 NAME	Victor Koo	
STREET ADDRESS		53 STREET ADDRESS	2824 S. Seacrest Blvd. Suite 122Q	
CITY ST ZIP		54 CITY ST ZIP	Boynton Beach, FL 33435	
TITLE		61 TITLE	V.P. Legal Matters	☐ Change ☒ Addition
NAME		62 NAME	Ruben Manriques	
STREET ADDRESS		63 STREET ADDRESS	221 Turnberry Court North	
CITY ST ZIP		64 CITY ST ZIP	Atlantis, FL 33462	

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: Robert Liem, President. 5/10/95 (407)964-4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0273057 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
95 [illegible] 248

DOCUMENT # **P93000062871 (7)**

1. Corporation Name
KEELER CONSULTING, INC.

Principal Place of Business	Mailing Address
353 W. 47TH STREET SUITE 8F MIAMI BEACH FL 33140 US	353 W. 47TH STREET SUITE 8F MIAMI BEACH FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0433998 ☐ 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

9. Name and Address of Current Registered Agent

KEELER, LISA
353 W. 47TH STREET
SUITE 8F
MIAMI BEACH FL 33140

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KEELER, LISA	12 NAME	
STREET ADDRESS	353 WEST 47TH STREET, SUITE 8F	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KEELER, JEFFREY R	22 NAME	
STREET ADDRESS	353 W. 47TH STREET, SUITE 8F	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH 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 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] 6/5/95 305 672-0614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140705 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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 2:22

DOCUMENT # **P93000063537 (3)**

1. Corporation Name

BRANDT ALUMINUM CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
2827 TIMBER KNOLL DRIVE VALRICO FL 33594-5665	2827 TIMBER KNOLL DRIVE VALRICO FL 33594-5665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 709 RUSSELL LANE
22 Suite, Apt. #, etc.: 220
23 City & State: BRANDON FL
24 Zip: 33510 25 County:

2a. Mailing Address
26: 709 RUSSELL LANE
27 Suite, Apt. #, etc.: 220
28 City & State: BRANDON FL
29 Zip: 33510 30 County:

4. FEI Number: 65-0431549 ☐ 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

BRANDT, MICHAEL L
2827 TIMBER KNOLL DRIVE
VALRICO FL 33594-5665

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 709 RUSSELL LANE
83: # 220
84 City: BRANDON FL 85 Zip Code: 33510

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 TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☒ Change ☐ Addition
NAME	BRANDT, MICHAEL L	12 NAME	BRANDT, MICHAEL L.
STREET ADDRESS	2827 TIMBER KNOLL DR	13 STREET ADDRESS	709 RUSSELL LANE # 220
CITY-ST-ZIP	VALRICO FL	14 CITY-ST-ZIP	BRANDON FL 33510
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	

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)(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] MICHAEL L. BRANDT 6/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(813) 684-2077
Daytime Phone #

0184004 FP