FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY -1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000063320 (4)**

J. B. MCALLISTER REALTY, INC.

~~111 SW 3RD STREET~~
~~THIRD FLOOR~~
~~MIAMI FL 33130~~

~~111 SW 3RD STREET~~
~~THIRD FLOOR~~
~~MIAMI FL 33130~~

3. 09/10/1993 | 3a. 05/01/1994

21. 1600 SOUTH BAYSHORE LANE | 26. 1600 SOUTH BAYSHORE LANE | 4. 65-0495112 | Applied For / Not Applicable

22. # 6 B | 27. # 6 B | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required

23. MIAMI, FLORIDA | 28. MIAMI, FLORIDA | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees

24. 33133 | 25. DADE | 29. 33133 | 30. DADE | 8. Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

HOLBROOK, FRANCINE D
~~111 SW 3RD STREET~~
~~THIRD FLOOR~~
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent

81. Name: FRANCINE D. HOLBROOK
82. Street Address (P.O. Box Number is Not Acceptable): 1600 SOUTH BAYSHORE LANE
83. # 6 B
84. City: MIAMI | FL | 85. Zip Code: 33133

11. Pursuant to the provisions of Section 607.0505, 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 corporation agrees to notify the Department of State in the event any address listed herein is changed, other than by the appointment or resignation of the registered agent. The corporation confirms that the registered agent has been notified of and has accepted the appointment as registered agent and agrees to act in that capacity. The corporation further agrees that the person(s) designated as registered agent shall continue to be registered agent until such time as a successor is designated or until the corporation revokes the appointment or the registered agent resigns and the Department of State accepts the resignation.

Signature of Registered Agent: FRANCINE D. HOLBROOK, Registered Agent January 14, 1995

12. CHANGING AND/OR DELETING OFFICERS AND/OR DIRECTORS

D
MCALLISTER, JANE B
~~111 SW 3RD STREET THIRD FLOOR~~
~~MIAMI FL 33130~~

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

D
McALLISTER, JANE B.
1600 SOUTH BAYSHORE LANE # 6 B
MIAMI, FLORIDA 33133

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0505, Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes. I understand the requirement to designate a registered agent and to notify the corporation upon any change in the registered agent's business address, and I am familiar with and accept the obligations imposed upon registered agents.

SIGNATURE: JANE B. McALLISTER 1-16-95 (407) 394-7700
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

0126070 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

DOCUMENT # **P93000063916 (9)**

1. Corporate Name

REALTY-MART, INC.

Principal Place of Business	Mailing Address
1025 SOUTH SEMORAN BOULEVARD SUITE 1030 WINTER PARK FL 32792 US	1813 TOWNHALL LANE ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified 09/14/1993	3a. Date of Last Report 08/05/1994
4. FEI Number 59-3201701	☐ 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. Is the corporation a Florida Small Business Corporation as defined in s. 220.03(1)(n), Florida Statutes? ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTINEZ, NEPHTALI 1813 TOWNHALL LANE ORLANDO FL 32807	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 607.1916(1), 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 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS (if)	
1 Title	D	1 Title	☐ Change ☐ Addition
1 Name	MARTINEZ, NEPHTALI	1 Name	
1 Street Address	1813 TOWNHALL LANE	1 Street Address	
1 City-St-Zip	ORLANDO FL 32807	1 City-St-Zip	
2 Title		2 Title	☐ Change ☐ Addition
2 Name		2 Name	
2 Street Address		2 Street Address	
2 City-St-Zip		2 City-St-Zip	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City-St-Zip		3 City-St-Zip	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City-St-Zip		4 City-St-Zip	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City-St-Zip		5 City-St-Zip	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City-St-Zip		6 City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this electronic report is being filed within the time period prescribed by law. I/We hereby certify that the information indicated on this report or supplemental report is true and accurate and that my/our signature(s) 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: NEPHTALI MARTINEZ 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/07 657 2002

Telephone Number

0087870 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **P93000064237 (9)**

1. Corporate Name

GARIAN, INC.

APR 1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Address

3341 CARDINAL DR.
VERO BEACH FL 32963

Mailing Address

3341 CARDINAL DR.
VERO BEACH FL 32963

(Enter Changes in This Space)

2. Principal Office (Business)	2a. Mailing Address	3. Date Incorporated / Qualified: **09/15/1993**	3a. Date of Last Report: **05/01/1994**
21	26	4. FEI Number: **65-0436453**	Applied For / Not Applicable
State, Apt. # or Str.	State, Apt. # or Str.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. The corporation has [illegible] under s. 199(b) Florida Statutes ☒ Yes ☐ No	
24 25	29 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MERSCHAT, KURT A SR. **3341 CARDINAL DRIVE** **VERO BEACH FL 32963**	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 [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	D	Title	☐ Change ☐ Addition
Name	MERSCHAT, KURT A SR.	Name	
Street Address	3341 CARDINAL DRIVE	Street Address	
City-St-Zip	VERO BEACH FL 32963	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	MERSCHAT, SUSAN	Name	
Street Address	3341 CARDINAL DRIVE	Street Address	
City-St-Zip	VERO BEACH FL 32963	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	
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 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 (X).

SIGNATURE: X Kurt A. Merschat Sr. 5-1-95 407-231-4123

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

Kurt A. Merschat, Sr.

0071003 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

MAY -1 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000064619 (8)

1. Corporation Name
CHASCO ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
4211 LITTLE ROAD NEW PORT RICHEY FL 34655	4211 LITTLE ROAD NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified: 09/16/1993
3a. Date of Last Report: 03/29/1994

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

4. FEI Number: 59-3204098 — 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
WRIGHT, CHARLES W 4018 LITTLE ROAD NEW PORT RICHEY FL 34655	81 Name: WRIGHT CHARLES W 82 Street Address (P.O. Box Number is Not Acceptable): 4211 LITTLE ROAD 83 84 City: NEWPORT RICHEY FL. FL 85 Zip Code: 34655

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	TITLE	WRIGHT CHARLES W ☒ Change ☐ Addition
NAME	WRIGHT, CHARLES W	NAME	4211 LITTLE ROAD
STREET ADDRESS	4018 LITTLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	NEWPORT RICHEY FL. 34655
TITLE	D	TITLE	WRIGHT, CHARLES W JR ☒ Change ☐ Addition
NAME	WRIGHT, CHARLES W JR	NAME	4018 LITTLE ROAD
STREET ADDRESS	4018 LITTLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	NPR FLA. 34655
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	
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 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 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

Title: [illegible] Daytime Phone #: (813) 376-6097

0372738 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000064722 (0)

JOHN REED & COMPANY, CPA'S, P.A.

~~6926 WHISKEY CREEK DRIVE~~ ~~SUITE A~~ FT MYERS FL 33919	~~6926 WHISKEY CREEK DRIVE~~ ~~SUITE A~~ FT MYERS FL 33919

3. 09/09/1993 — 3a. 05/01/1994

21 8695 College Parkway	26 8695 College Parkway
22 Suite 224	27 Suite 224
23 Fort Myers, FL	28 Fort Myers, FL
24 33919-4810 25	29 33919-4810 30

4. FEI Number: 65-0438993 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Elected Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Does corporation qualify for exemption under s. 196.012, Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REED, JOHN C 234 SW 36TH TERRACE CAPE CORAL FL 33914	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. The annual report of the above-named corporation is hereby submitted for filing. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE: John Reed — John Reed — 2-13-95

12. OFFICER AND DIRECTOR	13. ADDITIONAL OFFICER AND DIRECTOR
D REED, JOHN C 234 SW 36TH TERRACE CAPE CORAL FL 33914	

14. I hereby certify that the information supplied with this report is true, complete, and accurate and has not been paid, in whole or in part, by a political party as defined in s. 106.011, Florida Statutes. I further certify that the corporation named in this report has complied with the applicable provisions of Florida Statutes regarding the appointment of registered agent and registered office in the State of Florida. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes. I understand that my typed signature below authorizes the Department of State to accept this report for filing.

SIGNATURE: John Reed — John Reed, President — 2-13-95 — (813) 481-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0323393 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
DIVISION OF CORPORATIONS

DOCUMENT # P93000065849 (0)

1. Corporation Name

STUDIO SCOTT DESIGN, INC.

Principal Place of Business	Mailing Address
3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS FL 33410	3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 09/15/1993
3a. Date of Last Report: 10/10/1994

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: 65-0478867 ☐ 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 Chapter 199, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANK, JEFFREY H
3300 PGA BLVD.
SUITE 500
PALM BEACH GARDENS FL 33410

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 [illegible], 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 corporation is [illegible] to the jurisdiction of the courts of Florida. The undersigned is familiar with and hereby accepts the obligations of its position as registered agent under Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA	13. ADDITIONAL OFFICER/DIRECTOR AND OTHER CHANGES
Title: D Name: FRANK, JEFFREY H Address: 3300 PGA BLVD., SUITE 500 City-St-Zip: PALM BEACH GARDENS FL 33410	☐ Change ☐ Add
Title: D Name: SOWELL, LEWIS Address: 210 BRAZILIAN AVE. City-St-Zip: PALM BEACH FL 33480	☐ Change ☐ Add
Title: D Name: BOULANGER, WILLIAM Address: 1200 S. FLAGLER DRIVE, APT. 1403 City-St-Zip: WEST PALM BEACH FL 33401	☐ Change ☐ Add
Title: Name: Address: City-St-Zip:	☐ Change ☐ Add
Title: Name: Address: City-St-Zip:	☐ Change ☐ Add
Title: Name: Address: City-St-Zip:	☐ Change ☐ Add

14. I declare that the information contained herein is true and accurate and that I am not qualified for the compensation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named herein has been notified of this annual report and 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 [illegible].

SIGNATURE: [signature] 4/20/95 407-626-9700

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0210242 CP