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

DOCUMENT # **P93000069178 (0)**

1. Corporate Name
AFFORDABLE MOVING & STORAGE, INC.

Principal Place of Business	Mailing Address
105 CORPORATION WAY VENICE FL 34292	105 CORPORATION WAY VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1993**
3a. Date of Last Report: **04/06/1994**

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

4. FEI Number: **65-0437870** ☐ 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

LEVITT, SANDY
2201 RINGLING BLVD.
SUITE 203
SARASOTA FL 34237

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: [illegible] (Name and title of New Registered Agent) (Name of Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
20 TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HAMMER, WILLIAM	12 NAME	
STREET ADDRESS	1551 KEYWAY RD	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	14 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	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my/our 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, added or deleted) with an address.

SIGNATURE: William Hammer 4-24-95 813 488-8323
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0340321 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P93000069245 (7)

1. DSL OF SOUTHWEST FLORIDA, INC.

2016 BEACON MANOR DRIVE
FORT MYERS FL 33907

2016 BEACON MANOR DRIVE
FORT MYERS FL 33907

3. Date of Last Report: 10/04/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0439091

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: (X) Yes ( ) No

21 1916 Commercial Dr.
22 Suite Apt # or P.O.
23 City & State: FT. MYERS FL
24 Zip: 33901 25 County:

26 1916 Commercial Dr.
27 Suite Apt # or P.O.
28 City & State: FT MYERS FL
29 Zip: 33901 30 County:

9. Name and Address of Current Registered Agent

LEWIS, ROBERT D
2016 BEACON MANOR DR.
FORT MYERS FL 33907

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 607.0501 and 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. 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	P	☐ Change ☐ Addition
NAME	LEWIS, ROBERT D	
STREET ADDRESS	5636 DELIDO CT.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VTS	☐ Change ☐ Addition
NAME	LEWIS, SANDRA F	
STREET ADDRESS	5636 DELIDO CT.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is complete, accurate and in compliance with the requirements of Section 607.0501 of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signature(s) below is/are authorized by applicable law. I am the officer, director or agent 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 above, or on an attachment with all other like empowered officers or directors.

SIGNATURE: Robert D Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4-3-95 813-275-3118

0321055 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

DOCUMENT # **P93000070188 (6)**

1. Current Name
ISAAC KODSI, P.A.

Principal Address
2875 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address
2875 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

ENTER ANY NEW ADDRESS IN THIS SPACE

3. Date Incorporated/Qualified: 10/08/1993
3a. Date of Last Report: 01/31/1994

2. FEI Number: 65-0442930 ☐ 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 owned or controlled by foreign interests as defined in Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KODSI, ISAAC ESQ
2875 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

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 607.1622 (1) 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 or by an officer so authorized to do so by the board of directors pursuant to the requirements of Section 607.1005, Florida Statutes.

12. OFFICERS AND/OR DIRECTORS

D
KODSI, ISAAC ESQ
2875 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely true and accurate, and that I am authorized to sign this report pursuant to Section 607.1622 (2) Florida Statutes. I further certify that the corporation named above has complied with the provisions of Chapter 607, Florida Statutes, regarding the delivery of process and that the corporation desires to continue to qualify to transact business in Florida.

SIGNATURE: Isaac Kodsi 4/23/94 (305)452-8825

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0235493 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
95 MAR 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070660 (4)**

1. Corporation Name
DUROTECH MEDICAL EQUIPMENT & SUPPLIES, INC.

Principal Place of Business
16500 N.W. 84TH AVENUE
MIAMI FL 33116

Mailing Address
16500 N.W. 84TH AVENUE
MIAMI FL 33116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1993
3a. Date of Last Report: 08/30/1994
4. FEI Number: 65-0471435 — 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 Suite, Apt. #, etc.
22 / 27 City & State
23 / 28
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ABASCAL, MAURICIO
224 NW 57TH CT.
MIAMI FL 33126

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	ABASCAL, MAURICIO	
STREET ADDRESS	224 NW 57TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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] 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0087708 CP