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 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073246 (9)

1. Corporation Name

CHIC' ELEGANCE MODELING CORPORATION

Principal Place of Business: P.O. BOX 12790, JACKSONVILLE FL 32209

Mailing Address: P.O. BOX 12790, JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 10/14/1994

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

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

4. FEI Number: NOT APPLICABLE [ ] Applied For [X] 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
BAZZELL, ROSEMARY D 2165 W 12 ST #14 JACKSONVILLE FL 32209	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 Ms. Rosemary Day Bazzell - President 5-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President [X] Change [ ] Addition
NAME	BAZZELL, ROSEMARY D	12 NAME	Rosemary D. Bazzell
STREET ADDRESS	2165 W. 12TH ST.,#14	13 STREET ADDRESS	4961 Cinnamon Fern Ct
CITY-ST-ZIP	JACKSONVILLE FL 32209	14 CITY-ST-ZIP	Jax, Fla 32210
TITLE	VP	21 TITLE	VP [ ] Change [ ] Addition
NAME	HENRY, SANDRA	22 NAME	Sandra Henry
STREET ADDRESS	7584 PATRICE CT.	23 STREET ADDRESS	7584 Patrice Ct.
CITY-ST-ZIP	JACKSONVILLE FL 32210	24 CITY-ST-ZIP	Jax, Fla 32210
TITLE	T	31 TITLE	T [X] Change [ ] Addition
NAME	SHANNON, DEBORAH	32 NAME	Deborah Shannon
STREET ADDRESS	3179 W. 12TH ST.,#1	33 STREET ADDRESS	2179 W. 12th St #1
CITY-ST-ZIP	JACKSONVILLE FL 32209	34 CITY-ST-ZIP	Jax, Fla. 32209
TITLE	S	41 TITLE	S [X] Change [ ] Addition
NAME	WASHINGTON, EVELYN	42 NAME	Evelyn Washington
STREET ADDRESS	5975 CHARILE DR.	43 STREET ADDRESS	5975 Charlie DR
CITY-ST-ZIP	JACKSONVILLE FL 32209	44 CITY-ST-ZIP	Jax, Fla. 32218
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: Ms Rosemary Day Bazzell 5-16-95 904-778-8900

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

0408588 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # P93000073271 (7)

1. Corporation Name
APEX TRADING, INC.

Principal Place of Business:
C/O DAVID J. GREGG
10217 PARADISE BLVD.
TREASURE ISLAND FL 33706

Mailing Address:
C/O DAVID J. GREGG
10217 PARADISE BLVD.
TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3207562 — ☐ 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
Zip 24, Country 25 | Zip 29, Country 30

9. Name and Address of Current Registered Agent
GREGG, DAVID J
10217 PARADISE BLVD.
TREASURE ISLAND FL 33706

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 the 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	PD	1 TITLE	☐ Change ☐ Addition
NAME	GREGG, DAVID J	1 NAME	
STREET ADDRESS	10217 PARADISE BLVD.	1 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 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: David J. Gregg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 Date
(813) 345-4400 Daytime Phone #

0000007 CP

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CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P93000073604 (9)

1. Corporate Name

RECOMM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7650 COURTNEY CAMPBELL CAUSEWAY SUITE 1050 TAMPA FL 33607	7650 COURTNEY CAMPBELL CAUSEWAY SUITE 1050 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1993

3a. Date of Last Report: 06/20/1994

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

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

4. FEI Number: APPLIED FOR 59-3254015 — 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 assets for intangible tax under S. 199.023, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUNNELLS, KENT B
915 OAKFIELD DRIVE
SUITE F
BRANDON FL 33511

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, JESSE R	1.2 NAME	
STREET ADDRESS	7650 COURTNEY CAMPBELL CAUSEWAY, #1050	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLISH, ROBERT W	2.2 NAME	
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY., #1050	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, SANDRA A	3.2 NAME	
STREET ADDRESS	7650 COURTNEY CAMPBELL CSWY., #1050	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Robert Kellish V.P. May 11 '95

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

D442735 FP