FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083478 (6)**

1. Corporate Name

COBBLES ON THE BEACH, INC.

Principal Place of Business	Mailing Address
401 N ATLANTIC BLVD FT LAUDERDALE FL 33304	401 N ATLANTIC BLVD FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/29/1993	03/22/1994

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

4. FEI Number: 65-0455308 ☐ 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

ALLEN, JOHN
401 N ATLANTIC BLVD
FT LAUDERDALE FL 33304

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

TITLE	D
NAME	ALLEN, JOHN
STREET ADDRESS	401 N ATLANTIC AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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(1)(a), 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] [signature]

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

0211888 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State

APPROVED AND FILED
95 MAY 12 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083694 (8)**

1. Corporate Name
PREMIER TITLE COMPANY, INC.

Principal Place of Business:
777 S FLAGLER DR
SUITE 625 E
WEST PALM BEACH FL 33401

Mailing Address:
777 S FLAGLER DR
SUITE 625 E
WEST PALM BEACH FL 33401

3. Date Incorporated	12/08/1993
3a. Date of Last Report	04/29/1994
4. FEI Number	65-0454163
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 is liable for intangible tax under s. 199, Florida Statutes	No: X

2. Principal Office Address — 21 / 22 / 23 / 24 / 25
2a. Mailing Address — 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

ARON, JERRY E
777 S FLAGLER DR
SUITE 500 E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address
83
84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PT
Name	ARON, JERRY E
Street Address	777 S. FLAGLER DRIVE., SUTE 500 E
City-St-Zip	WEST PALM BEACH FL
Title	~~VPS~~
Name	~~MAINS, SHARON A~~
Street Address	~~777 S. FLAGLER DR., SUITE 625 E~~
City-St-Zip	~~WEST PALM BEACH FL~~
Title	VP
Name	MCINTOSH, DAVID
Street Address	777 S. FLAGLER DR. , STE. 500 E
City-St-Zip	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Change	Addition
VP	Jerry E. Aron	777 S. Flagler Drive, STE 500E,	West Palm Beach, FL	X	
	Paula Budd	777 S. Flagler Dr. STE 600E	West Palm Beach, FL	X	X
PT	Bernard R. Baker III	777 S. Flagler Dr., STE 500E	West Palm Beach, FL		X

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, 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: Jerry E. Aron 5/4/95 (407) 655-1980 x 503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0241974 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
MAY 25

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **P93000084054 (4)**

1. Entity Name

GENESIS SCIENTIFIC, INC.

Principal Office Address

C/O BROAD AND CASSEL
7819 HORIZON CIR
WINDERMERE FL 34786
US

Mailing Address

P.O. BOX 1509
WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/03/1993	07/15/1994

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

4. FEI Number: 59-3214696 — 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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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 607.1008 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. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTORS
D CLARK, ROBERT E 390 N ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete, and accurate. 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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: R E Clark Robert E Clark 5/9/95 407876 6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0377010 CP