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

AMENDED AND FILED
95 APR 27 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085497 (4)

1. Corporate Name
M. C. BROWN TRUCKING INC.

Principal Place of Business
304 1ST STREET
OCOEE FL 34761

Mailing Address
304 1ST STREET
OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3228491 — 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 satisfied the tax exemption under S. 199.032, Florida Statutes. ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BROWN, MERVIN
304 1ST STREET
OCOEE FL 34761

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	DP	1. TITLE	D ☐ Change ☑ Addition
NAME	BROWN, MERVIN	1. NAME	Doty, Martha
STREET ADDRESS	304 1ST ST	1. STREET ADDRESS	15608 Hidden LK Circle
CITY-ST-ZIP	OCOEE FL	1. CITY-ST-ZIP	Clermont, Fl. 34711
TITLE	SDT	2. TITLE	☐ Change ☐ Addition
NAME	BROWN, LINDA	2. NAME	
STREET ADDRESS	304 1ST ST	2. STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	2. CITY-ST-ZIP	
TITLE	D	3. TITLE	☐ Change ☐ Addition
NAME	CROWE, CAROL	3. NAME	
STREET ADDRESS	135 LYLE ST	3. STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL 34761	3. CITY-ST-ZIP	
TITLE	D	4. TITLE	☐ Change ☐ Addition
NAME	WITZLER, KAREN	4. NAME	
STREET ADDRESS	1706 STRONG ST	4. STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4. CITY-ST-ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	DELANEY, CONNIE	5. NAME	
STREET ADDRESS	1307 FLEWELLING AVE	5. STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	5. CITY-ST-ZIP	
TITLE	DV	6. TITLE	☐ Change ☐ Addition
NAME	DELANEY, JAMES	6. NAME	
STREET ADDRESS	1307 FLEWELLING AVE	6. STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	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(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: x Linda Brown - Linda Brown Sec/Trea 4/24/95 407-656-6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0463011 FP

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 # P93000085722 (5)

1. Corporation Name

NOLAN AND HERSHKOWITZ, P.A.

Principal Place of Business	Mailing Address
870 E STATE RD 434 LONGWOOD FL 32750 US	870 E STATE RD 434 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 04/26/1994

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: 59-3214427 ☐ 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. The 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
HERSHKOWITZ, RUSSELL S 442 E. SPRINGTREE WAY LAKE MARY FL 32746	81 Name: RUSSELL S. HERSHKOWITZ 82 Street Address (P.O. Box Number is Not Acceptable): 5100 BLACKNELL LANE 83 84 City: SANFORD FL 85 Zip Code: 32771

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: [signature] RUSSELL S. HERSHKOWITZ 4-24-95
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: VDT NAME: HERSHKOWITZ, RUSSELL S STREET ADDRESS: 442 E. SPRINGTREE WAY CITY-ST-ZIP: LAKE MARY FL	HERSHKOWITZ, RUSSELL S. 5100 BLACKNELL LANE SANFORD, FL. 32771 ☑ Change ☐ Addition
TITLE: DPS NAME: NOLAN, THOMAS C STREET ADDRESS: 101 E. ALTAMONTE DR. #933 CITY-ST-ZIP: ALTAMONTE SPRINGS FL	NOLAN, THOMAS C. 1245 CATALINA BLVD. DELTONA, FL. 32725 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] THOMAS C. NOLAN 4-24-95 407-831-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0041190 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

DOCUMENT # **P93000085894 (2)**

1. Corporation Name
ALL BUYING COMPANY

Principal Place of Business
8538 NW 70TH ST.
MIAMI FL 33166
US

Mailing Address
8538 NW 70TH ST.
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993	3a. Date of Last Report: 06/07/1994
4. FEI Number: 65-0458546	☐ 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 — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 County
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BARED, HANNA S
8538 NW 70TH ST.
MIAMI FL 33166

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	DP
NAME	STRIEM, HENRY L
STREET ADDRESS	5125 S.W. 74 TERR.
CITY-ST-ZIP	MIAMI FL 33143
TITLE	DV
NAME	DE STRIEM, MARGARITA
STREET ADDRESS	5125 S.W. 74 TERR.
CITY-ST-ZIP	MIAMI FL 33143
TITLE	DS
NAME	BARED, HANNA S
STREET ADDRESS	5125 S.W. 74 TERR.
CITY-ST-ZIP	MIAMI FL 33143
TITLE	DT
NAME	HENRIQUEZ, HUMBERTO
STREET ADDRESS	2898 N.W. 79 AVE.
CITY-ST-ZIP	MIAMI FL 33122

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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) 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] HANNA BARED 4/24/95 (305)715-9464

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

0179065 CP

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000085966 (8)

1. Corporation Name

ROADHOUSE OF TARPON SPRINGS, INC.

Principal Place of Business: 15201 ROOSEVELT BLVD. SUITE 103 CLEARWATER FL 34620

Mailing Address: 15201 ROOSEVELT BLVD. SUITE 103 CLEARWATER FL 34620

APPROVED ... TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-3217450 — 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. ... Florida Statutes — [ ] Yes [X] No

2. Principal Place of Business: 21 2430 Estancia Blvd. 22 Suite 106 23 Clearwater, FL. 24 34621 25 Pinellas

2a. Mailing Address: 26 2430 Estancia Blvd. 27 Suite 106 28 Clearwater, FL 29 34621 30 Pinellas

9. Name and Address of Current Registered Agent

DAVIDSON, MARION
~~15201 ROOSEVELT BLVD.~~
~~SUITE 103~~
~~CLEARWATER FL 34620~~

10. Name and Address of New Registered Agent

81 Name: DAVIDSON, MARION
82 Street Address (P.O. Box Number is Not Acceptable): 2430 Estancia Blvd.
83 Suite 106
84 City: Clearwater FL 85 Zip Code: 34621

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	DPST
NAME	DAVIDSON, MARION
STREET ADDRESS	15201 ROOSEVELT BLVD., SUITE 103
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	KAPIOLTAS, NICK
STREET ADDRESS	15201 ROOSEVELT BLVD., SUITE 103
CITY-ST-ZIP	CLEARWATER FL 34620
TITLE	D
NAME	BOLOGNA, LUIS R
STREET ADDRESS	2285 LANCASTER RD
CITY-ST-ZIP	AKRON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST [X] Change [ ] Addition
NAME	DAVIDSON, MARION
STREET ADDRESS	2430 ESTANCIA BLVD. #106
CITY-ST-ZIP	CLEARWATER, FL. 34621
TITLE	D [X] Change [ ] Addition
NAME	KAPIOLTAS, NICK
STREET ADDRESS	2430 ESTANCIA BLVD. #106
CITY-ST-ZIP	CLEARWATER, FL. 34621

14. I hereby certify that the information supplied with this filing is adequately 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: Marion Davidson, Pres. — 4-20-95 (813) 799-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARION DAVIDSON

0357238 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

2:28

FLORIDA

DOCUMENT # P93000086859 (4)

1. Corporate Name
THE CAD CONNECTION, INC.

Principal Place of Business
1848 WAGON WHEEL CIRCLE WEST
TALLAHASSEE FL 32311

Mailing Address
1848 WAGON WHEEL CIRCLE WEST
TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-3219171 — 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. ... Florida Statutes [ ] Yes [ ] No

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

9. **Name and Address of Current Registered Agent**

MALONO, STEVEN M
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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	HEBRANK, MARTIN A
STREET ADDRESS	1848 WAGON WHEEL CIRCLE W.
CITY-ST-ZIP	TALLAHASSEE FL 32311
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

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
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(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: Martin A. Hebrank — MARTIN A. HEBRANK — 4/24/95 — (904) 877-7838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029962 CP