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 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085646 (6)

1. Corporation Name
INTEL-TEC, CORPORATION

Principal Office Address
1398 DUNNHILL DRIVE
LONGWOOD FL 32750

Mailing Address
1398 DUNNHILL DRIVE
LONGWOOD FL 32750

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3213925 — 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 Florida Statutes. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PARIS, FERNANDO
2034 E. OAKLAND PARK BLVD.
9351 CHANDON DRIVE
ORLANDO FL 32825

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PD
Name	CABRALES, MYRON
Street Address	1398 DUNHILL DRIVE
City-St-Zip	LONGWOOD FL 32750
Title	STD
Name	CABRALES, LILLYAM
Street Address	1398 DUNHILL DRIVE
City-St-Zip	LONGWOOD FL 32750

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. [illegible]

SIGNATURE: [signature] MYRON CABRALES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95 (407) 831-0860

0041690 CP

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CORPORATION ANNUAL REPORT 1995

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

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DOCUMENT # P93000085735 (7)

1. Corporation Name
FUN SPOTS AMUSEMENTS, INC.

Principal Place of Business	Mailing Address
6985 COLLINS AVE. MIAMI BEACH FL 33141-3205	115 KENSINGTON ROAD HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/10/1993	08/10/1994

4. FEI Number: 65-0458621 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3800 S OCEAN DR	26
Suite, Apt. # etc. 22 #235	Suite, Apt. # etc. 27
City & State 23 Hollywood FL	City & State 28
Zip 24 33019 — County 25 Broward	Zip 29 — Country 30

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
GOLDWYN, OWEN L 3800 S. OCEAN DR. #235 HOLLYWOOD FL 33019	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 617.0502, 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 and agree to act in this capacity.

SIGNATURE

12. Current Officers and Directors	13. Additions / Changes to Officers and Directors
TITLE DP NAME GOLDWYN, OWEN L STREET ADDRESS 115 KINGSINGTON RD. CITY-ST-ZIP HOLLYWOOD FL 33021	☐ Delete ☐ Addition
	☐ Delete ☐ Addition
	☐ Delete ☐ Addition
	☐ Delete ☐ Addition
	☐ Delete ☐ Addition
	☐ Delete ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 — Date
3054576606 — Daytime Phone

0003363 CP

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CORPORATION ANNUAL REPORT 1995

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

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... 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085741 (5)

1. Corporate Name
TROPIC POOL AND SPA SERVICE, INC.

Principal Place of Business
3600 SE MARIPOSA AVE
#16
PORT ST LUCIE FL 34952

Mailing Address
P.O BOX 7365
PORT ST. LUCIE FL 34985
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0454369	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 paid its intangible tax under S. 199.032, Florida Statutes. X 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

ELLIS, KEVIN J
3600 SE MARIPOSA AVE
#16
PORT ST LUCIE FL 34952

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 ... 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. ... I am familiar with and accept the obligations of ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	
TITLE	DV
NAME	MYERS, RICHARD L
STREET ADDRESS	137 LUCINA DR
CITY-ST-ZIP	HYPOLUXO FL
TITLE	DP
NAME	ELLIS, KEVIN J
STREET ADDRESS	3600 MARIPOSA AVE #16
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	DST
NAME	ELLIS, JEAN A
STREET ADDRESS	3600 MARIPOSA AVE #16
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	D
NAME	ELLIS, KEVIN J
STREET ADDRESS	3600 MARIPOSA AVE #16
CITY-ST-ZIP	PORT ST LUCIE FL 34952

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — ☐ Change ☐ Addition (blank)

14. I hereby certify that the information supplied with this filing ... Florida Statutes ... and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Ann Ellis — 8/12/95 (407) 335-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEAN ANN ELLIS

0484846 FP

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000086153 (2)

1. Corporation Name

PRIME TIME JANITORIAL SERVICE, INC.

Principal Place of Business: 3687 CARAMBOLA CIRCLE N. COCONUT CREEK FL 33066

Mailing Address: 3687 CARAMBOLA CIRCLE N. COCONUT CREEK FL 33066

TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated: 12/13/1993

3a. Date of Last Report: 04/29/1994

4. FEI Number: 65-0452378

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 Florida Statute — Yes / No

9. Name and Address of Current Registered Agent

RILEY, JOSEPH F
3687 CARAMBOLA CIRCLE N.,
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Not Acceptable):
City: FL Zip Code:

11.

12. OFFICERS AND DIRECTORS

P
JOSEPH F. RILEY
3687 CARAMBOLA CIR N.
COCONUT CREEK FL 33066

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14.

SIGNATURE: Joseph F. Riley — 5-15-95 — 305-979-9764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01186556 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000086191 (2)

1. Corporation Name

LAURA'S ADORNABLES, INC.

Principal Place of Business: 2232 FIRESTONE PLACE, SE, WINTER HAVEN FL 33884

Mailing Address: 2232 FIRESTONE PLACE, SE, WINTER HAVEN FL 33884

3. Date Incorporated or Qualified: 12/16/1993

3a. Date of Last Report: 10/13/1994

4. FEI Number: 59-3217186

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

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

2. Principal Place of Business: 268 WINTER HAVEN Mall

Winter Haven Fl 33880 POLK

9. Name and Address of Current Registered Agent

SORRENTINO, LAURA
268 WINTER HAVEN MALL
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

FL

12. OFFICERS AND DIRECTORS

D
SORRENTINO, LAURA
~~2232 FIRESTONE PLACE, SE~~
~~WINTER HAVEN FL 33884~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

345 24th st NW APT 19
Winter Haven Fl 33880

SIGNATURE: Laura Sorrentino 5-15-95

0318623 CP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086403 (1)

1. Corporation Name

PROTECTED PETS, INC.

Principal Place of Business: 18009 CRAWLEY RD, ODESSA FL 33556

Mailing Address: 18009 CRAWLEY RD., ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/13/1993
3a. Date of Last Report	04/11/1994
4. FEI Number	59-3214822 — 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 8535 Gunn Hwy; 22 Suite, Apt. #, etc.; 23 City & State: Odessa Fl; 24 Zip: 33556; 25 Country: USA

2a. Mailing Address: 26 8535 Gunn Hwy; 27 Suite, Apt. #, etc.; 28 City & State: Odessa Fl; 29 Zip: 33556; 30 Country: USA

9. Name and Address of Current Registered Agent

KENNEDY, PAMELA J
18009 CRAWLEY RD.
ODESSA FL 33556

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. [illegible fine print regarding registered agent acceptance under the Florida Statutes]

Signature: Pamela J. Kennedy, Pres. — Pamela J. Kennedy — 5/15/95

12. OFFICERS AND DIRECTORS

DPST
KENNEDY, PAMELA J
18009 CRAWLEY ROAD
ODESSA FL 33556

D
WILSON, GREGORY B
18009 CRAWLEY ROAD
ODESSA FL 33556

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. [illegible fine print certification statement]

SIGNATURE: Pamela J. Kennedy — 5/15/95 — 813-792-1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0287468 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 19 AM 10: 15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000086824 (8)

1. Corporation Name

LUNETA, INC.

Principal Place of Business	Mailing Address
2020 8TH STREET NORTH ST. PETERSBURG FL 33704	2020 8TH STREET NORTH ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993	3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-3214565	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 ... Florida Statutes.	X Yes [ ] No

2. Principal Place of Business (21–25) — 2a. Mailing Address (26–30): (blank)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GASSMAN, ALAN S 1212 COURT ST. SUITE B CLEARWATER FL 34616	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 617.0502, 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
TITLE: DPST NAME: MACCINI, MICHAEL STREET ADDRESS: 2020 8 TH NORTH CITY-ST-ZIP: ST. PETERSBURG FL 33704	TITLE: DST NAME: Michelle Maccini STREET ADDRESS: 2020 8th st N CITY-ST-ZIP: St Pete, FL 33704 [ ] Change [X] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, with all other like empowered.

SIGNATURE: ✓ Michael Maccini ✓ 5-15-95 (813) 446-1706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL MACCINI, PRESIDENT

0306843 CP