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

FILED

DOCUMENT # P93000086574 (9)

1. Corporation Name
ASHTON SALES, INC.

Principal Place of Business
4580-A ASHTON ROAD
SARASOTA FL 34233

Mailing Address
4580-A ASHTON ROAD
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0460841 — ☐ 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
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

HANKIN, LAWRENCE M
2033 MAIN ST.
SUITE 400
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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DATINO, PETER
STREET ADDRESS	4580 A ASHTON RD
CITY ST ZIP	SARASOTA FL
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Peter Datino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/31/95
Daytime Phone #: 813-941 921-3613

0040300 CP

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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000086685 (3)**

1. Corporate Name
LEANDRO SIGNS, INC.

Principal Place of Business	Mailing Address
4870 DOCKSIDE DRIVE **#K** **COCONUT CREEK FL 33063**	**4870 DOCKSIDE DRIVE** **#K** **COCONUT CREEK FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified in Florida: **12/20/1993**
3a. Date of Last Report: **03/30/1994**

4. FEI Number: **65-0454683**
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

2. Principal Place of Business	2a. Mailing Address
21 7907 NW 64ST	26 4870 DOCKSIDE DR # K
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # K
City, & State 23 MIAMI FL	City & State 28 COCONUT CREEK FL
Zip 24 33166 Country 25 EC	Zip 29 33063 Country 30 EC

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
FERNANDEZ, LEANDRO **4870 DUCKSIDE DR** **#K** **COCONUT CREEK FL 33063**	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: LEANDRO FERNANDEZ 6/1/95
(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, Registered Agent must sign here.)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
TITLE: P NAME: FERNANDEZ, LEANDRO STREET ADDRESS: 4870 DUCKSIDE DR. #K CITY-ST-ZIP: COCONUT CREEK FL 33063	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS 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 report 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: LEANDRO FERNANDEZ 6/1/95 (305) 470-2775
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

016A01 CP

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CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # **P93000087377 (6)**

1. Corporate Name
REGENCY HAIR DESIGNERS, INC.

Principal Place of Business	Mailing Address
~~10140 US HWY 19 NORTH~~ ~~PORT RICHEY FL 34668~~	~~10140 US HWY 19 NORTH~~ ~~PORT RICHEY FL 34668~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1993**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 **6508 EMBASSY BLVD.**	26 **6508 EMBASSY BLVD.**
Suite Apt # etc 22	Suite Apt # etc 27
City & State 23 **PORT RICHEY, FLORIDA**	City & State 28 **PORT RICHEY, FLORIDA**
Zip / County 24 **34668** / 25 **PASCO**	Zip / County 29 **34668** / 30 **PASCO**

4. FEI Number: **59-3213646** ☐ 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	10. Name and Address of New Registered Agent
ARMSTRONG, GARY J ~~10140 US HWY 19 NORTH~~ ~~PORT RICHEY FL 34668~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): **6508 EMBASSY BLVD.** 83 84 City: **PORT RICHEY** **FL** 85 Zip Code: **34668**

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	
11 TITLE	D	11 TITLE	D/VP ☒ Change ☐ Addition
12 NAME	ARMSTRONG, GARY J	12 NAME	ARMSTRONG, GARY J.
13 STREET ADDRESS	~~10140 US HWY 19 NORTH~~	13 STREET ADDRESS	6508 EMBASSY BLVD.
14 CITY ST ZIP	~~PORT RICHEY FL 34668~~	14 CITY ST ZIP	PORT RICHEY, FLORIDA 34668
21 TITLE		21 TITLE	P/S/T ☐ Change ☒ Addition
22 NAME		22 NAME	ARMSTRONG, JANIS
23 STREET ADDRESS		23 STREET ADDRESS	6508 EMBASSY BLVD.
24 CITY ST ZIP		24 CITY ST ZIP	PORT RICHEY, FLORIDA 34668
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 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 this 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 11 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: x Janis Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/1/95
Date

(813) 848-0005
Telephone Number

000231A1 CP

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CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P93000087620 (9)**

1. Corporate Name

PINEWATER PLACE DEVELOPMENT CORPORATION

Principal Place of Business
~~816 ANCHOR RODE DR.~~
~~NAPLES FL 33940~~

Mailing Address
~~816 ANCHOR RODE DR.~~
~~NAPLES FL 33940~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 25010 CYPRESS HOLLOW
22: Suite, Apt. #, etc.: APT. 102
23: City & State: BONITA SPRINGS FL
24: Zip: 33923
25: Country: USA

2a. Mailing Address
26: 25010 CYPRESS HOLLOW
27: Suite, Apt. #, etc.: APT 102
28: City & State: BONITA SPRINGS FL
29: Zip: 33923
30: Country: USA

4. FEI Number: **APPLIED FOR** 65-0524362 — 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

~~LIEBERFARB, STANLEY J~~
~~801 10TH AVE SOUTH~~
~~NAPLES FL 33940~~

4001 TAMIAMI TRAIL N
SUITE 330
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: LIEBERFARB STANLEY J.
82 Street Address (P.O. Box Number is Not Acceptable): 4001 TAMIAMI TRAIL NORTH
83: SUITE 330
84 City: NAPLES — FL — 85 Zip Code: 33940

11. Pursuant to the provisions of Section 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: [redacted] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☑ Change ☐ Addition
12 NAME	SMITH, ANDREW	12 NAME	APT. 102
13 STREET ADDRESS	~~816 ANCHOR RODE DR.~~	13 STREET ADDRESS	25010 CYPRESS HOLLOW
14 CITY ST ZIP	~~NAPLES FL 33940~~	14 CITY ST ZIP	BONITA SPRINGS, FL. 33923
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 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 added to the report with an address.

SIGNATURE: ANDREW SMITH 5-30-95 813-498-0500

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

0327237 CP