FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 APR 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087266 (1)

1. Current Corporate Name
FLOOR TECH INDUSTRIES, INC.

Principal Place of Business
2885 ELECTRONICS DR B-1
MELBOURNE FL 32935

Mailing Address
2885 ELECTRONICS DR B-1
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 11/07/1994

2. Principal Place of Business
21 2885 Electronic Dr
22 Ste B 1
23 Melbourne FL
24 32935
25 USA

2a. Mailing Address
26
27
28
29
30

4. FEI Number: 59-3209320 ☐ 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 § 199.042 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA-CHAFKAR, GLORIA
2885 ELECTRONICS DR B-1
MELBOURNE FL 32935

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: 04-20-95
(Signature of a new registered agent, if changed / Date) (Typed or printed name of registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	D	41 TITLE	☐ Change ☐ Addition
32 NAME	GARCIA-CHAFKAR, GLORIA	42 NAME	
33 STREET ADDRESS	2885 ELECTRONICS DR B-1	43 STREET ADDRESS	
34 CITY ST ZIP	MELBOURNE FL 32935	44 CITY ST ZIP	
35 TITLE	D	45 TITLE	☐ Change ☐ Addition
36 NAME	CHAFKAR, VASIL B	46 NAME	
37 STREET ADDRESS	2885 ELECTRONICS DR B-1	47 STREET ADDRESS	
38 CITY ST ZIP	MELBOURNE FL 32935	48 CITY ST ZIP	
39 TITLE	D	49 TITLE	☐ Change ☐ Addition
40 NAME	CHAFKAR, DAVID	50 NAME	
41 STREET ADDRESS	2885 ELECTRONICS DR B-1	51 STREET ADDRESS	
42 CITY ST ZIP	MELBOURNE FL 32935	52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I understand that the information supplied with this report is subject to the penalty provisions for the making of false statements in Section 817.155, 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 above, or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-95 (Date) 407 253-1110 (Area Code & Daytime Phone Number)

0089139 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P93000087618 (3)

POWERTEC LIGHTNING PROTECTION, INC.

5462 HOFFNER AVE.
ORLANDO FL 32812

5462 HOFFNER AVE.
ORLANDO FL 32812

3. 12/22/1993

3a. 04/27/1994

4. FEI Number: 59-3216368

5. Certified Copy: $8.75 Additional Fee Required

6. Certificate of Status: $5.00 May Be Added to Fees

8. [X]

21 5462 Hoffner Ave
22 Suite 505
23 Orlando, FL
24 32812 25 Orange

26 5462 Hoffner Ave
27 Suite 505
28 Orlando, FL
29 32812 30 Orange

9. Name and Address of Current Registered Agent

HUNTER, GARY L
5462 HOFFNER AVE.
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83

84 FL 85

11.

12.

D
LANGE, LINDA L
5462 HOFFNER AVE., SUITE 505
ORLANDO FL 32822

D
SIMPSON, JUDY L
5462 HOFFNER AVE., SUITE 505
ORLANDO FL 32822

D
FOSTER, LINDA M
5462 HOFFNER AVE., SUITE 505
ORLANDO FL 32822

D
HUNTER, GARY L
5462 HOFFNER AVE., SUITE 505
ORLANDO FL 32822

13.

14.

SIGNATURE: 4/19/95 407/277-2126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0060063 CR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Tallahassee, Florida
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087665 (4)**

1. Entity Name

EXECUTIVE ENTERPRISES INC.

Principal Address

961 SW 69 AVE
PLANTATION FL 33317-4242

Mailing Address

961 SW 69 AVE
PLANTATION FL 33317-4242

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: **01/01/1994**

3a. Date of Last Report:

4. FEI Number: **65-0458067** 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. Is this entity a Florida Subchapter S Corporation? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TEDESCO, ROBERT R
961 SW 69 AVE
PLANTATION FL 33317-4242

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 [illegible] Florida Statutes, for profit corporations formed under the laws of the State of Florida, and qualified to do business in the State of Florida, hereby submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the mailing address of the business entity's principal office as required by Florida Statutes.

12. OFFICERS AND DIRECTORS

President
ROBERT TEDESCO
961 SW 69 AVE
PLANTATION FL. 33317
Vice. President
LYDIA A WIETHU-TEDESCO
961 S.W 69 AVE
Plantation Florida 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

14. I hereby 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 13 above, or on an attachment with an address.

SIGNATURE: Robert R. Tedesco March 20 305-581-2743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0220030 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
FILED
9[illegible] PM 2:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000088234 (8)**

1. Corporate Name
POST HASTE INFUSION, CORPORATION

Principal Place of Business	Mailing Address
4401 SHERIDAN STREET HOLLYWOOD FL 33029	4401 SHERIDAN STREET HOLLYWOOD FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0457817** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City, State 23	City, State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation was originally incorporated in Florida on 1/20/1988 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POMERANZ, MARK L.
12955 BISCAYNE BLVD., #402
N. MIAMI FL 33181

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 607.1007 and 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: [illegible] (Registered Agent's signature required for filing)

12. OFFICER AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
D FISHMAN, ROBERT 4401 SHERIDAN ST. HOLLYWOOD FL 33029	☐ Change ☐ Addition
D FISHMAN, GREG 4401 SHERIDAN ST. HOLLYWOOD FL 33029	☐ Change ☐ Addition
D BURNACKY, ANN 4401 SHERIDAN ST. HOLLYWOOD FL 33029	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 with an asterisk (*) or in an attachment with an asterisk.

SIGNATURE: [signature] 5/05/[illegible] (Date)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0094173 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000088273 (6)

1. ELLIOT ELECTRICAL SERVICES, INC.

Principal Place of Business	Mailing Address
499 BROADVIEW AVE WINTER PARK FL 32792	499 BROADVIEW AVE WINTER PARK FL 32792

3. Date Incorporated/Qualified: 01/01/1994

3a. Date of Last Report:

4. FEI Number: 59-3216218 — 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. Is this corporation operating in Florida as a small business, as defined by section 288.703, Florida Statutes? ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or PO Box	Suite, Apt. # or PO Box
22	27
City & State	City & State
23	28
Zip: 32789 — County	Zip: 32789 — Country
24 — 25	29 — 30

9. Name and Address of Current Registered Agent

BEARD, VAN
499 BROADVIEW AVE
WINTER PARK FL 32792

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: 32789

11. Pursuant to the provisions of Section 607.1622 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: VAN BEARD - PRES.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EC,SD;VTD VAN BEARD 499 BROADVIEW AVE WINTER PARK, FL 32789 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. To the extent, if any, that the information supplied with this report is considered confidential under applicable state law, I request that it be maintained in such manner. I understand that the Department will not be responsible for any claims resulting from the release of confidential information if I have made such request. I understand that this report is required by Chapter 607, Florida Statutes, and that my failure to file it may affect the good standing of the corporation. 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 above, or on an attachment with an asterisk.

SIGNATURE: VAN BEARD - PRES. — 2-21-95 — 407-644-3116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0040730 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 APR 20 PM 3:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088301 (5)**

1. Current Name

DOUGLYN WELLS, INC.

Principal Place of Business

23489 BARLAKE DR.
BOCA RATON FL 33433

Mailing Address

23489 BARLAKE DR.
BOCA RATON FL 33433

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 12/20/1993

3a. Date of Last Report: 07/06/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 65-0457434 — 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. Is this corporation authorized to do business in Florida but incorporated under the laws of another state or country? Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALSER, THOMAS C ESQ
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

01 Name: SANFORD D NEWMAN

02 Street Address (P.O. Box Number is Not Acceptable): 23489 BARLAKE DR.

03

04 City: BOCA RATON — FL — 05 Zip Code: 33433

11. Pursuant to the provisions of Section 607.0502 (1)(b) 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. The address so indicated is the corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position set forth Florida Statutes.

SIGNATURE: Sanford D Newman — April 14, 1995

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12
D NEWMAN, SANFORD D 23489 BARLAKE DR. BOCA RATON FL 33433	☐ 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, and that this report was prepared in compliance with Florida Statutes. I further certify that the corporation named in this report has complied with the applicable provisions of Florida Statutes relating to the payment of corporate taxes, and that I am authorized by the corporation to execute this report. A false report is subject to the penalties imposed by Section 817.155, Florida Statutes.

SIGNATURE: [signature] — 4/24/95 — 407-482-6663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0201203 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995

DOCUMENT # P93000088503 (6)

1. R.W. EVANS, P.A.

1853 CAPITAL CIRCLE NE
SUITE B
TALLAHASSEE FL 32308

1853 CAPITAL CIRCLE NE
SUITE B
TALLAHASSEE FL 32308

3. Date Incorporated/Qualified: 12/29/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3220678 — 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

9. Name and Address of Current Registered Agent

EVANS, R W
1853 CAPITAL CIRCLE NE
SUITE B
TALLAHASSEE FL 32308

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 607.340 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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 14
PD EVANS, R W 1853 CAPITAL CIRCLE NE, SUITE B TALLAHASSEE FL 32308	Change / Addition
ST EVANS, MARTHA 3037 CORRIB DR. TALLAHASSEE FL	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition

14. To the best of my knowledge, the information contained with this report is true and accurate and that my signature shall be a statutory affirmation pursuant to Section 817.155, Florida Statutes, that I am aware that any false information submitted in a document to any filing officer constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I am the director or officer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Martha F. Evans MARTHA F. EVANS 4-28-95 (904) 668-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SEC.-TREAS.

0028443 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 28 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FILED
95 APR 28 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088513 (5)

Entity Name:

T.J.W. INC.

Principal Address:

C/O PETER A PORTLEY ESQUIRE
2401 E ATLANTIC BLVD SUITE 410
POMPANO BEACH FL 33062

Mailing Address:

C/O PETER A PORTLEY ESQUIRE
2401 E ATLANTIC BLVD SUITE 410
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 12/29/1993

3a. Date of Last Report: 02/18/1994

2. FEI Number: 65-0460967 ☐ 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. Does corporation owe any Florida taxes or anticipate tax under S. 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PORTLEY, PETER A ESQUIRE
2401 EAST ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062

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 607.0501, 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 confirm the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICER(S) AND DIRECTOR(S)

D
WILSON, TROY J
2401 E ATLANTIC BLVD SUITE 410
POMPANO BEACH FL 33062

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate and that such filing complies with the requirements of Section 607.0501, Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State that are based upon gross income of the corporation for the previous calendar year. I understand that the annual report must be received by the Department of State by May 1st of the year in which it is due. I understand that a $400.00 late filing penalty will be imposed for each month this report is delinquent after May 1st.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

0104034 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

95 APR 21 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088682 (8)**

1. Corporate Name

A.B. PERS CORP.

Principal Place of Business	Mailing Address
1191 E. NEWPORT CENTER DR. 107 DEERFIELD BCH FL 33442 US	1191 E. NEWPORT CENTER DR. 107 DEERFIELD BCH FL 33442 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1993**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0456619** ☐ Applied For ☐ Not Applicable

State, Apt. # etc. — 22

State, Apt. # etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

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

24 25 29 30

8. This corporation has been, or elects to be, designated as a "small business corporation" pursuant to Section 220.222, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERSAUD, A.
9933 WESTVIEW DR.
APT. 428
CORAL SPRINGS FL 33076

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(s) 607.0502 and/or 617.1908, 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(s) 607.0505, Florida Statutes.

SIGNATURE: (If changing registered agent, registered agent must sign here.) (If registered agent is changing registered office, registered agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	PERSAUD, A	32 NAME	
33 STREET ADDRESS	9933 WESTVIEW DRIVE, #428	33 STREET ADDRESS	
34 CITY ST ZIP	CORAL SPRINGS FL	34 CITY ST ZIP	
35 TITLE		35 TITLE	☐ Change ☐ Addition
36 NAME		36 NAME	
37 STREET ADDRESS		37 STREET ADDRESS	
38 CITY ST ZIP		38 CITY ST ZIP	
39 TITLE		39 TITLE	☐ Change ☐ Addition
40 NAME		40 NAME	
41 STREET ADDRESS		41 STREET ADDRESS	
42 CITY ST ZIP		42 CITY ST ZIP	
43 TITLE		43 TITLE	☐ Change ☐ Addition
44 NAME		44 NAME	
45 STREET ADDRESS		45 STREET ADDRESS	
46 CITY ST ZIP		46 CITY ST ZIP	
47 TITLE		47 TITLE	☐ Change ☐ Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY ST ZIP		50 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	

14. I hereby certify that the information supplied with this report is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation has paid all fees due and payable for this report or supplemental annual report, is filing this report or supplemental annual report in accordance with Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: A. Persaud A. PERSAUD 4/21/95 (305) 428-8325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0266485 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

95 APR 03 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001808 (4)**

1. Corporate Name

BACARDI SERVICE (NORTH AMERICA) CORPORATION

Principal Place of Business

% BACARDI IMPORTS INC
2100 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

% BACARDI IMPORTS, INC.
2100 BISCAYNE BLVD.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 BACARDI SERVICE (NORTH AMERICA) CORP
Suite Apt. # (if)
22 866 PONCE DE LEON BLVD. 2ND. FLOOR
City & State
23 CORAL GABLES FLORIDA
Zip
24 33134

2a. Mailing Address
26
Suite Apt. # (if)
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified: 04/08/1994

3a. Date of Last Report: N/A

4. FEI Number: APPLIED FOR 65-048 3246 (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 [illegible] Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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] 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. The corporation is [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

PD
NACLERIO, STEVEN
2100 BISCAYNE BLVD.
MIAMI FL 33137

SD
MESSIRY, JAMES
2100 BISCAYNE BLVD.
MIAMI FL 33137

TD
MAGUIRE, MICHAEL
2100 BISCAYNE BLVD.
MIAMI FL 33137

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

14. [illegible] Florida Statutes, that the information supplied with this report is true and correct to the date of this report, and that my signature shall serve as my resignation letter, if I am resigning as an officer or director of the corporation or the registered agent of the corporation. I further certify that I am familiar with and authorized to sign the annual report or supplemental report on behalf of the corporation pursuant to Chapter [illegible] Florida Statutes.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (305) 446-9050

0143559 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

95 MAR 31 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003955 (1)**

1. Corporate Name

H & H LEASING AND PROPERTIES, INC.

Principal Place of Business

PO BOX 189
SALEM AL 36874

Mailing Address

PO BOX 189
SALEM AL 36874

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **63-1000429** ☐ 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 timely filed or changed its tax year to the calendar year beginning with this report for Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, HENRY J
STAR ROUTE 98
BOX 58C
CARRABELLE FL 32322

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 607.1008, 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: H.J. Hall III — 3/30/95

(Signature of new registered agent, if changing) (Date) (Signature of president or other officer if changing registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	P	Title	☐ Change ☐ Addition
Name	HALL, HENRY J	Name	
Street Address	STAR ROUTE 98, BOX 58C	Street Address	
City-St-Zip	CARRABELLE FL 32322	City-St-Zip	
Title	VST	Title	☐ Change ☐ Addition
Name	HALL, H J III	Name	
Street Address	105 LEE ROAD 251	Street Address	
City-St-Zip	SALEM AL 36874	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information supplied with this report is substantially complete and accurate as of the date of this report. 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 with an asterisk (*) or on an attached sheet with an asterisk.

SIGNATURE: H.J. Hall III — H.J. Hall, III — 3/30/95 — 334 291-9771

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

0407677 FN

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 MAR 31 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004006 (2)

1. Current Name

MAYBERRY PRODUCTS, INC.

Principal Place of Business	Mailing Address
4004 W. 128TH ST. SUITE 903 CORTEZ FL 34215	4004 W. 128TH ST. SUITE 903 CORTEZ FL 34215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1994
3a. Date of Last Report:

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

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

4. FEI Number: 37-1315353 ☐ 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. Is this corporation operating as an exempt organization under s. 501.605, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAYBERRY, RONALD 4004 W. 128TH ST. SUITE 903 CORTEZ FL 34215	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 607.0505 and 617.1905, 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. The above agent has consented to the corporation's board of directors' decision to change the registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title	P	☐ Change ☐ Addition
Name	MAYBERRY, RONALD L	
Address	123 SUPERIOR DR.	
City-St-Zip	BELLEVILLE IL 62223	
Title	S	☐ Change ☐ Addition
Name	MAYBERRY, LA DONNE P	
Address	123 SUPERIOR DR.	
City-St-Zip	BELLEVILLE IL 62223	
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Address		
City-St-Zip		

14. I further state that the information required by this report is accurately furnished and that as of January 1 of the year in which this report is filed, I am familiar with the requirements of Section 607.193, Florida Statutes, and that the corporation is not delinquent in the filing of its annual report or supplemental annual report for the year in which this report is required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an address.

SIGNATURE: La Donne P Mayberry 1-20-95 813-795-4685
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Telephone Number
LA DONNE P MAYBERRY

0464521 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

95 [illegible] 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000004614 (3)**

1. Current Name
MARRICK TECHNOLOGIES, INC.

Principal Place of Business
P.O. BOX 950940
LAKE MARY FL 32795

Mailing Address
P.O. BOX 950940
LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/07/1994**
3a. Date of Last Report:

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: **59-2896585**
☐ 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

ZARR, RICHARD F
481 AUTUMN OAKS PL.
LAKE MARY FL 32746

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 [illegible] (Attorney, Corporate Officer, Partner, Limited Partner, Limited Liability Company Member, Agent, Trustee, Receiver, Administrator, Executor, Guardian, Personal Representative) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
91 TITLE	P	101 TITLE	☐ Change ☐ Addition
92 NAME	KELLY, MARK F	102 NAME	
93 STREET ADDRESS	575 DEER HILL RD.	103 STREET ADDRESS	
94 CITY, ST, ZIP	SHAVERTOWN PA 18708	104 CITY, ST, ZIP	
95 TITLE	V	105 TITLE	☐ Change ☐ Addition
96 NAME	ZARR, RICHARD F	106 NAME	
97 STREET ADDRESS	481 AUTUMN OAKS PL.	107 STREET ADDRESS	
98 CITY, ST, ZIP	LAKE MARY FL 32746	108 CITY, ST, ZIP	
99 TITLE	S	109 TITLE	☐ Change ☐ Addition
100 NAME	KELLY, LINDA	110 NAME	
101 STREET ADDRESS	575 DEER HILL RD.	111 STREET ADDRESS	
102 CITY, ST, ZIP	SHAVERTOWN PA 18708	112 CITY, ST, ZIP	
103 TITLE	T	113 TITLE	☐ Change ☐ Addition
104 NAME	ZARR, ELEANOR	114 NAME	
105 STREET ADDRESS	2209 CITRUS VALLEY CIR.	115 STREET ADDRESS	
106 CITY, ST, ZIP	PALM HARBOR FL 34683	116 CITY, ST, ZIP	
107 TITLE		117 TITLE	☐ Change ☐ Addition
108 NAME		118 NAME	
109 STREET ADDRESS		119 STREET ADDRESS	
110 CITY, ST, ZIP		120 CITY, ST, ZIP	
111 TITLE		121 TITLE	☐ Change ☐ Addition
112 NAME		122 NAME	
113 STREET ADDRESS		123 STREET ADDRESS	
114 CITY, ST, ZIP		124 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate, current and complete as of the corresponding date in Section 3 and/or 3a, Florida Statutes. I further certify that the mandatory fee and, if applicable, the optional annual report trust fund contribution 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 this report appears on the face to be executed in accordance with the requirements of Section 607.0120, Florida Statutes. I understand that I am subject to the penalties set forth therein for knowingly signing, authorizing or verifying any report that contains false or misleading information.

SIGNATURE: [signature] 4/8/95 407 323 4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

0061995 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
95 APR 30 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005873 (4)

1. Corporation Name
MICHAEL J. HAWKINS, INC.

Principal Place of Business
3601 W. ALGONQUIN RD.
ROLLING MEADOWS IL 60008

Mailing Address
3601 W. ALGONQUIN RD.
ROLLING MEADOWS IL 60008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

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: 36-3787632 ☐ 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

POZZUOLI, EDWARD J
790 E. BROWARD BLVD.
SUITE 200
FT. LAUDERDALE FL 33301

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 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

TITLE	D
NAME	HAWKINS, MICHAEL
STREET ADDRESS	3601 W. ALGONQUIN RD.
CITY-ST-ZIP	ROLLING MEADOWS IL 60008
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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: Michael J. Hawkins MICHAEL J. HAWKINS APRIL 24, 1995 (708) 870-9901

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

0467627 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # F94000005887 (4)

1. CHERME PROPERTIES, INC.

410 EAST ROCKCREEK DR COLUMBIA MO 65203	410 EAST ROCKCREEK DR COLUMBIA MO 65203

3. 11/15/1994

4. FEI Number: 43-1578410

21	2401 E. BROADWAY	26	2401 E. BROADWAY
22		27	
23	COLUMBIA MO	28	COLUMBIA MO.
24	65201	29	65201
25	U.S.A.	30	U.S.A.

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. Is this corporation operating in agriculture as defined in s. 163.3162(3), Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREGG, MARK H
100360 OVERSEAS HWY.
KEY LARGO FL 33037

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 607.1005, 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. The corporation's present registered office and its registered agent, and the addresses of both, are shown above. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent under Florida Statutes.

ORIGINAL

12. OFFICER/DIRECTOR DETAIL

	CP
NAME	MITZEL, DONALD C
	410 EAST ROCKCREEK DR.
	COLUMBIA MO 65203
	D
NAME	MITZEL, MAVIS E
	410 EAST ROCKCREEK DR.
	COLUMBIA MO 65203

13. ADDITIONAL CHANGES TO OFFICER AND/OR DIRECTOR INFO

☐ Delete ☐ Add

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.1005, Florida Statutes. I further certify that the corporation has paid, or will pay, all applicable fees upon receipt of the corporation's first annual report. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes. I understand the requirement to file, within 90 days before the end of the calendar year, the annual report required by Chapter 607, Florida Statutes. I am authorized to sign this report.

SIGNATURE: DONALD C. MITZEL PRESIDENT 4/11/95 314-449-0956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0490022 FN

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 APR 20 PM 2:22

TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006640 (6)**

1. Corporate Name

WOERNER TURFMASTER, INC.

Principal Place of Business

P.O. BOX 419
ELBERTA AL 36530

Mailing Address

P.O. BOX 419
ELBERTA AL 36530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1994**

3a. Date of Last Report:

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

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

4. FEI Number: **63-1131064** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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

THRASH, TERRY
7226-B DOGWOOD TERR.
PENSACOLA FL 32504

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: Terry L. Thrash

(If changing Registered Agent, this must be signed by the new agent) (If changing Registered Agent, this must be signed by the new agent) (Date)

12. OFFICERS AND DIRECTORS		13. Additional Officers and Directors	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	WOERNER, GEORGE	62 NAME	
STREET ADDRESS	15109 COUNTY ROAD 87	63 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL	64 CITY-ST-ZIP	
TITLE	VD	65 TITLE	☐ Change ☐ Addition
NAME	WOERNER, EDWARD E	66 NAME	
STREET ADDRESS	26250 BRUHN ROAD	67 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL	68 CITY-ST-ZIP	
TITLE	SD	69 TITLE	☐ Change ☐ Addition
NAME	WOERNER, LESTER J	70 NAME	
STREET ADDRESS	14262 COUNTY ROAD 87	71 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL	72 CITY-ST-ZIP	
TITLE	TD	73 TITLE	☐ Change ☐ Addition
NAME	WOERNER, LARRY	74 NAME	
STREET ADDRESS	7100 KEY HOLE ROAD	75 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL	76 CITY-ST-ZIP	
TITLE	VD	77 TITLE	☐ Change ☐ Addition
NAME	WOERNER, ROGER	78 NAME	
STREET ADDRESS	26400 WOERNER ROAD	79 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL	80 CITY-ST-ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY-ST-ZIP		84 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: Lester J. Woerner C.E.O. 4-24-95 (334) 986-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0004843 FN

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 # P94000000073 (4)

1. Current Name
LILIUM, INC.

Principal Place of Business	Mailing Address
2005 EAST MAIN STREET LAKELAND FL 32801	2005 EAST MAIN STREET LAKELAND FL 32801

Document Number (If Known)

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:

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

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-3216309 ☐ 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. Is this corporation electing, for the purposes of Chapter 607, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TSAY, YIN H 2005 EAST MAIN STREET LAKELAND FL 32801	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 607.1908, 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 (Typed or Printed Name of Registered Agent) (Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: D Name: TSAY, MING H Street Address: 6308 MARINA DRIVE City-St-Zip: ORLANDO FL 32819	☐ Change ☐ Addition
Title: D Name: TSAY, MIN L Street Address: 6308 MARINA DRIVE City-St-Zip: ORLANDO FL 32819	☐ 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 hereby certify that the information supplied with this report is accurate and that the mandatory fee in the amount required by Section 607.0122, Florida Statutes, has been paid. I further certify that the corporation has paid all fees due to the Department of State for filing the annual report or supplemental annual report for those years listed above and that any applicable penalty has been paid. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a third degree felony as provided for in Section 817.155, Florida Statutes. I understand the requirement to file an annual report, as required by Chapter 607, Florida Statutes, and that my signature appears above subject to the penalties of perjury.

SIGNATURE: [signature] 2/8/95
Signature and Typed or Printed Name of Signing Officer or Director (Date)

0312453 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4/24/95

B 4932

APPROVED AND FILED

DOCUMENT # P94000000215 (1)

1. Corporate Name

GARDENS GROCERIES, INC.

Principal Place of Business

10800 NORTH MILITARY TRAIL
PALM BEACH GARDENS FL 33410

Mailing Address

COHEN, RHONDA, E.,
10000 N. MILITARY TRAIL
PALM BCH. GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0456467

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. Does this entity qualify for exemption under Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

COHEN, RHONDA E
10800 NORTH MILITARY TRAIL
#120
PALM BEACH GARDENS FL 33410

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 ... Florida Statutes, the undersigned submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

12.		13.	
Title	T	Title	P
Name	COHEN, RHONDA, E., ,	Name	Cohen, Rhonda E
Address	1481 VILLAGE BLVD #428	Address	16116 Glenmoor Drive
City-St-Zip	WEST PALM BCH FL	City-St-Zip	West Palm Beach, FL 33409
Title	VP	Type	[X] Change [ ] Addition
Name	COHEN, ISADORE R	Name	Deceased. VP position
Address	3460 S. OCEAN BLVD.	Address	eliminated
City-St-Zip	PALM BCH FL	City-St-Zip	
Title	S	Type	[ ] Change [ ] Addition
Name	COHEN, FRIEDA R	Name	
Address	3460 S. OCEAN BLVD.	Address	
City-St-Zip	PALM BCH FL	City-St-Zip	
Title	T	Type	[ ] Change [ ] Addition
Name	COHEN, FRIEDA R	Name	
Address	3460 S. OCEAN BLVD.	Address	
City-St-Zip	PALM BCH FL	City-St-Zip	
Title		Type	[ ] Change [ ] Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	
Title		Type	[ ] Change [ ] Addition
Name		Name	
Address		Address	
City-St-Zip		City-St-Zip	

14. To the best of my knowledge, the information contained herein 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 above with an asterisk.

SIGNATURE: Rhonda E Cohen, President
(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR)
Rhonda E. Cohen, President

4-25-95

467-68-2134

0240766 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

95 MAR 22 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000309 (2)**

1. Corporate Name

DONNIE CRUM SEAFOOD, INC.

Principal Place of Business

P.O. BOX 418
EASTPOINT FL 32328

Mailing Address

P.O. BOX 418
EASTPOINT FL 32328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1993**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3220249** ☐ Applied For ☐ Not Applicable

Suite, Apt. # (if) — 22

Suite, Apt. # (if) — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

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

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation is qualified for treatment as under S. 159.061, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAXWELL, D.E.
33 13TH ST.
APALACHICOLA FL 32320

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 607.1007 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 this 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	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
02 NAME	CRUM, DONNIE L	12 NAME	
03 STREET ADDRESS	P.O. BOX 418 N/A	13 STREET ADDRESS	
04 CITY ST ZIP	EASTPOINT FL 32328	14 CITY ST ZIP	
05 TITLE	D	21 TITLE	☐ Change ☐ Addition
06 NAME	CRUM, JEAN M	22 NAME	
07 STREET ADDRESS	P.O. BOX 418 N/A	23 STREET ADDRESS	
08 CITY ST ZIP	EASTPOINT FL 32328	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is substantially complete 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 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 1, or Block 11 if changed, or on any attachment with an address.

SIGNATURE: Donnie Crum **Donnie Crum** 4-26-95 (904) 670-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone number

0409545 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

[illegible] PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001415 (6)**

1. Corporation Name

SUNRISE MINI MART, INC.

Principal Place of Business	Mailing Address
% JULITA LEBLANC 850 NO. COURTNEY PKWY. MERRITT ISLAND FL 32953	% JULITA LEBLANC 850 NO. COURTNEY PKWY. MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1994**

3a. Date of Last Report

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

24 | 25 | 29 | 30

4. FEI Number — 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 is subject to the provisions of s. 607.1622, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LEBLANC, JULITA
% JULITA LEBLANC
850 NO. COURTNEY PKWY.
MERRITT ISLAND FL 32953

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 607.1502 and/or 617.1502, 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

(Typed or printed name of registered agent) (Registered agent's signature required only if agent is changing)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS (if any)	
01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY, ST, ZIP	D LEBLANC, JULITA 850 NO. COURTNEY PKWY. MERRITT ISLAND FL 32953	01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY, ST, ZIP	☐ Change ☐ Addition
05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP		05 TITLE 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP	☐ Change ☐ Addition
09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP		09 TITLE 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP	☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP		13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP	☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP		17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition

14. I/We 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 1 or Block 11 above, if applicable, or on an attachment with an address.

SIGNATURE: Julita LeBlanc Julita LE BLANC 4/24/95 407 453-3402

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

0070388 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

95 APR [illegible] PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001832 (2)**

1. Corporation Name

A-1 WAVERUNNERS, INC.

Principal Place of Business	Mailing Address
85401 OLD HIGHWAY ISLAMORADA FL 33036	85401 OLD HIGHWAY ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994	3a. Date of Last Report
4. FEI Number: 595-91-3741	☐ 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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREGG, MARK H **100360 OVERSEAS HIGHWAY** **KEY LARGO FL 33037**	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 [illegible] DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	1 TITLE	V-P ☐ Change ☐ Addition
NAME	JANAS, JOSEPH J	1 NAME	
STREET ADDRESS	771 KROMRAY	1 STREET ADDRESS	
CITY-ST-ZIP	LEMONT IL 60439	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	PRES. ☐ Change ☐ Addition
NAME	WROBLEWSKI, NEIL	2 NAME	
STREET ADDRESS	87200 OVERSEAS HWY. BLDG. Q-6	2 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	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(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Neil R. Wroblewski NEIL R. WROBLEWSKI ~~03/01/95~~ 04/25/95 664-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED (EFFECTIVE DATE STAMP)
Secretary of State
Division of Corporations

APPROVED
APR
FILED

95 APR 14 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002837 (0)

1. Corporate Name
ISLAND RENTALS, INC.

Principal Place of Business
319 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635

Mailing Address
319 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 01/12/1994
3a. Date of Last Report:

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

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

4. FEI Number: 59-3219020 — 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 only the changes as allowed by S. 607.1622, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTRD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Anthony J. Maisano
82 Street Address (P.O. Box Number is Not Acceptable): 319 Gulf Blvd.
83
84 City: Indian Rocks Beach FL 85 Zip Code: 34635

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: ✗ Anthony J. Maisano — Anthony J. Maisano — 4-15-95
(Registered Agent's Signature) (Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

P
METZ, DICK
319 GULF BOULEVARD
INDIAN ROCKS BEACH FL 34635

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare, only that the information supplied with this report is substantially complete and does not qualify for the exemption stated in Section 119.07(6), Florida Statutes. I further certify that the information indicated on this 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 13 above with an asterisk or on an attachment with an asterisk.

SIGNATURE: ✗ [signature] — 4-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date

Electronic Filing #

03/0400 CP