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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 12:03

DOCUMENT # **P94000004936 (8)**

1. Corporation Name
AVON DISTRIBUTION SYSTEMS, INC.

Principal Place of Business	Mailing Address
1103 NE 22ND ST N TAMPA FL 33605	1103 NE 22ND ST N TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
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:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3224444 ☐ 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

GOODWIN, JAMES W
111 E MADISON ST
SUITE 2300
TAMPA FL 33602

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LUX, GERALD F	12 NAME	
STREET ADDRESS	1103 NE 22ND ST N	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	ORMES, ROGER M JR	22 NAME	
STREET ADDRESS	1103 NE 22ND ST N	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33605	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	PAGE, JOHN	32 NAME	
STREET ADDRESS	1103 NE 22ND ST N	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33605	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: JOHN PAGE 6-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001108 CP

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Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P94000004951 (7)**

1. Corporation Name
HARVARD ALLIANCE, INC.

Principal Place of Business	Mailing Address
1085 MORSE BLVD. WINTER PARK FL 32789	1085 MORSE BLVD. WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 1964 Howell Branch Rd.	26 1964 Howell Branch Rd.
Suite, Apt. #, etc 22 Suite 110	Suite, Apt. #, etc 27 Suite 110
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32792 / 25	Zip / Country 29 32792 / 30

4. FEI Number — [X] 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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: Gene P. Feher 82 Street Address (P.O. Box Number is Not Acceptable): 111 Gull Ct. 83 84 City: Casselberry FL 85 Zip Code: 32707

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: Gene Paul Feher — Gene P. Feher — 5/1/95
(Typed or printed name of person signing) (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PVSTD [X] Change [ ] Addition
NAME	CADDIE, IAN S	12 NAME	FEHER, GENE P.
STREET ADDRESS	1085 MORSE BLVD.	13 STREET ADDRESS	1964 Howell Branch Road Suite 110
CITY ST ZIP	WINTER PARK FL 32789	14 CITY ST ZIP	Winter Park, FL 32792
TITLE	VSTD	21 TITLE	[ ] Change [ ] Addition
NAME	FEHER, GENE P	22 NAME	
STREET ADDRESS	1085 MORSE BLVD.	23 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL 32789	24 CITY ST ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Gene Paul Feher — Gene P. Feher — 5/1/95 — 407-679-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048748 CP