FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 6-21-95 B-7440-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:05

DOCUMENT # P94000008715 (2)

1. Corporation Name

THE INSURANCE DOCTOR, INC.

Principal Place of Business	Mailing Address
7512 DR. PHILLIPS BLVD. SUITE 50-312 ORLANDO FL 32819	7512 DR. PHILLIPS BLVD. SUITE 50-312 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-3222432 ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHANFRAU, JOSE M IV, ESQ
5401 S. KIRKMAN RD.
SUITE 505
ORLANDO FL 32819

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	FULCHER, ROY C	12 NAME	
STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-312	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32819	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JERRY	22 NAME	
STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-312	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32819	24 CITY ST ZIP	
TITLE	OS	31 TITLE	☐ Change ☐ Addition
NAME	FULCHER, JANIS M	32 NAME	
STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-312	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32819	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, REBECCA J	42 NAME	
STREET ADDRESS	7512 DR. PHILLIPS BLVD., SUITE 50-312	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32819	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: Roy C. Fulcher ROY C. FULCHER 6/1/95 407-877-9799

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

0081020 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # P94000008743 (4)

1. Corporation Name

GLASS PROTECTION SERVICES, INC.

Principal Place of Business	Mailing Address
11440 - 66TH STREET NORTH LARGO FL 34643	11440 - 66TH STREET NORTH LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1994	3a. Date of Last Report
4. FEI Number: 59-3224207	☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 8440 Ulmerton Rd.	26 8440 Ulmerton Rd.
Suite, Apt. #, etc. 22 Suite#536	Suite, Apt. #, etc. 27 Suite#536
City & State 23 Largo, Fl.	City & State 28 Largo, Fl.
Zip / Country 24 34641 / 25 Pinellas	Zip / Country 29 34641 / 30 Pinellas

9. Name and Address of Current Registered Agent

REARDON, JANET C
10225 ULMERTON RD.
SUITE 2
LARGO FL 34641

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 _____ 6/15/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ANTHONY	12 NAME	
STREET ADDRESS	11440 66TH ST NORTH	13 STREET ADDRESS	
CITY ST ZIP	LARGO FL 34643	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		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	

CR2E034 (3/95)

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 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 any attachment with an address.

SIGNATURE: Anthony S. Davis, President 6/15/95 (813)530-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Anthony S. Davis, President

0115350 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 13 PM 2:43

DOCUMENT # **P94000009921 (5)**

1. Corporation Name
S.B. JEWELRY INC.

Principal Place of Business
1100 N.W. 7 AVE.
 # C-19
MIAMI FL 33168

Mailing Address
~~1100 N.W. 7 AVE.~~
~~# C-19~~
~~MIAMI FL 33168~~ →
S.B. JEWELRY, INC.
16507 N.W. 3RD STREET
PEMBROKE PINES, FL 33028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1994	3a. Date of Last Report
4. FEI Number: 65-0465251	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	

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

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

9. Name and Address of Current Registered Agent

HOBAN, CHIE K
7355 N.W. 41 ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: SANG IL BACK
82 Street Address (P.O. Box Number is Not Acceptable): 16507 N.W 3RD ST
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33028

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: _____ 6/13/95
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (In U)	
TITLE	D	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	BACK, SANG IL	12 NAME	SANG IL BACK
STREET ADDRESS	1502 S.W. 116 AVE.	13 STREET ADDRESS	16507 N.W 3RD ST
CITY ST ZIP	PEMBROKE PINES FL 33025	14 CITY ST ZIP	PEMBROKE PINES FL 33028
TITLE	D	21 TITLE	SEC ☒ Change ☐ Addition
NAME	BACK, DIANE PAK	22 NAME	DIANE BACK
STREET ADDRESS	1502 S.W. 116 AVE.	23 STREET ADDRESS	16507 N.W 3RD ST
CITY ST ZIP	PEMBROKE PINES FL 33025	24 CITY ST ZIP	PEMBROKE PINES, FL. 33028
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	

CR2E034 (3/95)

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 the 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: _____ PRES 6/13/95 (405) 433-4446
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0142010 FP