FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010952 (7)**

1. Corporate Name

R.E.S. JANITORIAL SERVICE INC.

Principal Place of Business
1406 E. 23RD AVENUE
TAMPA FL 33605

Mailing Address
1406 E. 23RD AVENUE
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **02/07/1994**

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: 59-3256612 ☐ 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 § 199.032* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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 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: (If changing Registered Agent, Registered Agent must sign) (If Registered Agent is a corporation, officer must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
12 NAME	PEREZ, RAYMON B	12 NAME		
13 STREET ADDRESS	1409 E. 23RD AVENUE	13 STREET ADDRESS		
14 CITY ST ZIP	TAMPA FL 33605	14 CITY ST ZIP		
21 TITLE	D	21 TITLE	VICE PRES.	☒ Change ☐ Addition
22 NAME	STERLING, ELY	22 NAME		
23 STREET ADDRESS	13447 GOVERNORS DRIVE	23 STREET ADDRESS		
24 CITY ST ZIP	TAMPA FL 33618	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, if 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: Ely Sterling D. 5-18-95

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

ELY STERLING D.

0442892 FP

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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # **P94000011285 (1)**

1. Corporation Name
MARTIN N. ZAIAC, M.D. P.A.

Principal Place of Business	Mailing Address
MOUNT SINAI HOSPITAL 4302 ALTON ROAD, SUITE 1005 MIAMI BEACH FL 33140	MOUNT SINAI HOSPITAL 4302 ALTON ROAD, SUITE 1005 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1994
3a. Date of Last Report:

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

4. FEI Number: 6504643 61 — 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

ZAIAC, MARTIN N
MOUNT SINAI HOSPITAL
4302 ALTON ROAD, SUITE 1005
MIAMI BEACH FL 33140

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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ZAIAC, MARTIN N
STREET ADDRESS	4302 ALTON ROAD, SUITE 1005
CITY-ST-ZIP	MIAMI BEACH FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/2/95 — Daytime Phone #: 532-4478

0149165 CP

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APPLICATION ANNUAL REPORT

1995

DOCUMENT # P94000011693 (6)

1. HOME & KITCHEN DESIGN CENTER, INC.

3 WEST GARDEN STREET
STE. 344 BLOUNT BLDG
PENSACOLA FL 32501

3 WEST GARDEN STREET
STE. 344 BLOUNT BLDG.
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 02/08/1994

3a. Date of Last Report:

2. Principal Place of Business: 4111 N. DAVIS HWY

2a. Mailing Address: 4111 N. DAVIS HWY

City & State: PENSACOLA, FL. — PENSACOLA FL

Zip: 32503 Country: USA — Zip: 32503 Country: USA

4. FEI Number: 59-3222320 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

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

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOZIER, DANIEL R 3 WEST GARDEN STREET STE. 344 BLOUNT BLDG. PENSACOLA FL 32501	Name: ANTHONY JACOBS Street Address (P.O. Box Number is Not Acceptable): 3564 CHIEFMATE DRIVE City: PENSACOLA FL Zip Code: 32506

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 X [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	JACOBS, ANTHONY	NAME	
STREET ADDRESS	POST OFFICE BOX 12924 N/A	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32576-2924	CITY-ST-ZIP	
TITLE	D	TITLE	DIRECTOR [ ] Change [X] Addition
NAME		NAME	DON SUAREZ
STREET ADDRESS		STREET ADDRESS	630 RIOLA PLACE
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA, FL. 32506
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 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(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: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0395067 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

[illegible] 95 MAR 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012051 (6)**

1. Current Name
PREMIER WORLDWIDE COURIER, INC.

Principal Place of Business	Mailing Address
16180 S.W. 72ND TERRACE MIAMI FL 33193	16180 S.W. 72ND TERRACE MIAMI FL 33193

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business 21 6462 NW 77 CT Street Address 22 23 MIAMI FLORIDA 24 33166 25 USA	2a. Mailing Address 26 6462 NW 77 CT Street Address 27 28 MIAMI FLORIDA 29 33166 30 U.S.A.	4. FEI Number: 65-0467883 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 is authorized to transact business in Florida Statutes: ☐ Yes ☒ No

☐ Added For
☐ Not Applicable

9. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS F
16180 S.W. 72ND TERRACE
MIAMI FL 33193

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 607.1008, 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: LUIS F. RODRIGUEZ PRESIDENT 4-30-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: PD NAME: RODRIGUEZ, LUIS F STREET ADDRESS: 16180 S.W. 72ND TERRACE CITY-ST-ZIP: MIAMI FL 33193	☐ Change ☐ Addition TITLE: NAME: STREET ADDRESS: 6462 NW 77 CT CITY-ST-ZIP: MIAMI, FLORIDA 33166
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is substantially complete and does not qualify for the exemptions 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 11 or 12 above, if applicable, or on an attachment with an address.

SIGNATURE: LUIS F. RODRIGUEZ 4-30-95 (305) 470-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0208448 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012168 (8)

1. Corporate Name

WARFIELD MEDIA COMPANY

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	340 ROYAL POINCIANA FLAZA PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 311 Park Place Blvd.	26 311 Park Place Blvd.
22 Suite Apt # etc: Suite 550	27 Suite Apt # etc: Suite 550
23 City & State: Clearwater, FL	28 City & State: Clearwater, FL
24 Zip: 34619 · 25 Country:	29 Zip: 34619 · 30 Country:

4. FEI Number: 52-1867712 [ ] Applying 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LYNCH, FRANCIS X
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Edwin Warfield, IV
82 Street Address (P.O. Box Number is Not Acceptable): 311 Park Place Blvd., Suite 550
83
84 City: Clearwater FL 85 Zip Code: 34619

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 Chapter 607.0505, Florida Statutes.

SIGNATURE: [signature] EDWIN WARFIELD IV · CHAIRMAN 5/18/95

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Chairman	[ ] Change [X] Addition
NAME	Edwin Warfield, IV	
STREET ADDRESS	311 Park Place Blvd., Suite 550	
CITY-ST-ZIP	Clearwater, FL 34619	

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(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: [signature] 5/18/95 813-724-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWIN WARFIELD IV - CHAIRMAN

0278049 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
[illegible]
Secretary of State
[illegible]

APPROVED AND FILED
[illegible] 10:15
[illegible] STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012240 (5)

1. Corporate Name
ARCHIVES RECORD MANAGEMENT, INC.

Principal Place of Business	Mailing Address
812 WARD BASIN ROAD MILTON FL 32583	812 WARD BASIN ROAD MILTON FL 32583

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 02/09/1994
3a. Date of Last Report:
4. FEI Number: 59-3205645 ☐ 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	2a. Mailing Address
21	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
NIELSEN, MARITA F 812 WARD BASIN ROAD MILTON FL 32583	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 [illegible], Florida Statutes.

SIGNATURE ______ (Signature of Registered Agent) ______ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1 TITLE	☐ Change ☐ Addition
NAME	Marita F. Nielsen	1 NAME	
STREET ADDRESS	812 Ward Basin Rd.	1 STREET ADDRESS	
CITY-ST-ZIP	Milton, Fl. 32583	1 CITY-ST-ZIP	
TITLE	Vice President	2 TITLE	☐ Change ☐ Addition
NAME	Sharron A. Taylor	2 NAME	
STREET ADDRESS	4941 W. Spencerfield Rd.	2 STREET ADDRESS	
CITY-ST-ZIP	Pace, Fl. 32571	2 CITY-ST-ZIP	
TITLE	Secretary	3 TITLE	☐ Change ☐ Addition
NAME	Sharron A. Taylor	3 NAME	
STREET ADDRESS	4949 W. Spencerfield Rd.	3 STREET ADDRESS	
CITY-ST-ZIP	Pace, Fl. 32571	3 CITY-ST-ZIP	
TITLE	Treasurer	4 TITLE	☐ Change ☐ Addition
NAME	Steve Taylor	4 NAME	
STREET ADDRESS	W. Spencerfield Rd.	4 STREET ADDRESS	
CITY-ST-ZIP	Pace, Fl. 32571	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 [illegible] 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 an attachment with an address.

SIGNATURE: X Marita F. Nielsen (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) X 5-12-95 (DATE) X (904) 626-2781 (Daytime Phone #)

0471341 FP