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 -1 AM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011910 (4)

1. Corporate Name

F.D.R. CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
4787 ALBACORE LANE FT. MYERS FL 33919	4787 ALBACORE LANE FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:
4. FEI Number: 65-0472832 — 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

BLAIR, DONALD J
4787 ALBACORE LANE
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLAIR, DONALD J
STREET ADDRESS	4787 ALBACORE LANE
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks, each: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] 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(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: Donald J. Blair — 4-17-95 — 813-481-1702

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

0023883 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

... 4:07

... FLORIDA

DOCUMENT # P94000011927 (8)

1. Corporation Name

ASAKA CORPORATION

Principal Place of Business	Mailing Address
20355 BISCAYNE BLVD. MIAMI FL 33180	20355 BISCAYNE BLVD. MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1994
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: 65-0472972 ☐ 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

FEINBERG, JEFFREY
4651 SHERIDAN ST.
SUITE 300
HOLLYWOOD FL 33021

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 ______ Signature, Typed or Printed Name of Registered Agent and Title if Applicable ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	~~ANDO, KEN~~	NAME	ANDO, KOJI
STREET ADDRESS	1075 93RD STREET, # 402	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL ~~33100~~	CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
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	
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 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 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] 4/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100007 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

: 57

FLORIDA

DOCUMENT # **P94000012211 (6)**

1. **FANTASY LANDSCAPING, INC.**

Principal Place of Business

℅ R. JEFFREY HEARD
1232 BOXWOOD DRIVE
APOPKA FL 32703

Mailing Address

℅ R. JEFFREY HEARD
1232 BOXWOOD DRIVE
APOPKA FL 32703

3. Date Incorporated/Qualified: 02/11/1994

3a. Date of Last Report:

2. Principal Place of Business
21 3408 Yothers Rd
22 Apopka, FL
23 32712
24 25 USA

2a. Mailing Address
26 PO Box 1775
27
28 Apopka, FL
29 32704 30 USA

4. FEI Number: 59-3953265

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 the corporation authorized to conduct business in Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

HEARD, R. JEFFREY
1232 BOXWOOD DRIVE
APOPKA FL 32703

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 607.0505, Florida Statutes, the above named entity 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 registered agent under Florida Statutes.

Signature of Registered Agent

12. OFFICER AND/OR DIRECTOR	13. ADDITIONAL CHANGES - OFFICERS AND/OR DIRECTORS
TITLE D	
NAME HEARD, R. JEFFREY	
ADDRESS 1232 BOXWOOD DRIVE	
CITY-ST-ZIP APOPKA FL 32703	
TITLE D	S
NAME HEARD, KIMBERLY K	
ADDRESS 1232 BOXWOOD DRIVE	
CITY-ST-ZIP APOPKA FL 32703	
TITLE	VP
NAME	Michael N Pascarella
ADDRESS	2138 Palm Vista Dr
CITY-ST-ZIP	Apopka, Fla 32712
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
ADDRESS	
CITY-ST-ZIP	

Change / Addition

14. To the best of my knowledge, the information supplied with the above referenced 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 above, or on an attachment with an arrow.

SIGNATURE: Kimberly K Heard 3/28/95 407 880 8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0034274 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

FILED
1995
05 MAY 11 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012401 (3)**

1. Corporation Name

U.S.A. BEEPERS INC.

Principal Place of Business	Mailing Address
7177 SW 117 AVENUE MIAMI FL 33183	7177 SW 117 AVENUE MIAMI FL 33183

(D) NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1994	3a. Date of Last Report
4. FEI Number 65-0435111	☐ 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 corporate tax under S. 220.02* 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AQUIDA, CARMEN 8400 SW 70 STREET MIAMI FL 33143	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 and/or 617.0501 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 and, if an officer, title of officer) (If changing registered agent, signature of registered agent required) (Date)

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, CHANGES, TO OFFICERS AND/OR DIRECTORS
01 PRESIDENT NAME AQUIDA STREET ADDRESS 12815 SW 71 LANE CITY-ST-ZIP MIAMI, FLA. 33183	☐ Change ☐ Addition
02 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
03 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
04 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
05 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
06 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this report is complete, accurate and current, not solely for the purposes stated in Section 607.0501, Florida Statutes. I/We further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that this report and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above or on an attachment with an address.

SIGNATURE: *[signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0200437 CP