FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

DOCUMENT # P94000017878 (7)

ALVAREZ & GAVIRIA, INC.

5286 GATE LAKE RD.
TAMARAC FL 33319

5286 GATE LAKE RD.
TAMARAC FL 33319

3. 03/07/1994

4. 65-0472901

5. $8.75 Additional Fee Required

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

8. [illegible]

21 4907 N.E 9th Ave
22 C
23 Oakland PK, FL
24 33334 25 U.S.A

26 4907 N.E 9th Ave
27 C
28 Oakland PK, FL
29 33334 30 U.S.A

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

11. [illegible]

12.
DPS
ALVAREZ, LILIANA
5286 GATE LAKE RD.
TAMARAC FL 33319

13. Additional Officer/Director Information

DPS
ALVAREZ, LILIANA
4907 N.E 9th Ave Suite C
Oakland PK, FL 33334

X Change ☐ Add

☐ Change ☐ Add
☐ Change ☐ Add
☐ Change ☐ Add
☐ Change ☐ Add
☐ Change ☐ Add

14. [illegible]

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR

4-26-95 (305) 493 9191

0220483 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 MAY ... AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000018958 (6)**

1. Corporation Name

SUNFLOWER LEASING, INC.

Principal Place of Business: 17980 CAUDEL ROAD, ORLANDO FL 32833

Mailing Address: 17980 CAUDEL ROAD, ORLANDO FL 32833

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994

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 / Country 25		Zip 29 / Country 30	

4. FEI Number: 59-3244736 — [ ] 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

DEARNELL, BEVERLY J
17980 CAUDEL ROAD
ORLANDO FL 32833

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	DPST
NAME	DEARNELL, BEVERLY J
STREET ADDRESS	17980 CAUDEL ROAD
CITY-ST-ZIP	ORLANDO FL 32833
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

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

Beverly Dearnell / President

SIGNATURE: Beverly Dearnell / President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95 Date — 407-... Daytime Phone

041842

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED AND FILED

FILED
95 MAY 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020145 (6)

1. Corporate Name

ITAL-JEWEL, INC.

Principal Place of Business	Mailing Address
4711 BABCOCK STREET N.E. STE. # 18 PALM BAY FL 32905	4711 BABCOCK STREET N.E. STE. # 18 PALM BAY FL 32905

Certificate of Status Desired

3. Date Incorporated / Qualified: 03/11/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-3230112 — Applied For / Not Applicable

Suite, Apt. # or Bldg. — 22 / 27

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

City, State — 23 / 28

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

Zip / County — 24 / 25 / 29 / 30

8. The corporation has applied for exemption but under s. 501(c) Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GENNA, PETE
4711 BABCOCK STREET N.E.
STE. # 18
PALM BAY FL 32905

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 607.1007, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	PTD	☐ Change ☐ Addition
1 NAME	GENNA, PETE	
1 STREET ADDRESS	501 POINSETTIA ROAD	
1 CITY ST ZIP	MELBOURNE BEACH FL 32951	
2 TITLE	VSD	☐ Change ☐ Addition
2 NAME	GENNA, KATERI E	
2 STREET ADDRESS	501 POINSETTIA ROAD	
2 CITY ST ZIP	MELBOURNE BEACH FL 32951	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY ST ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY ST ZIP		

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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Pete Genna Pete Genna — 5-1-95 — 407-984-1624

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

0067767 CF

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000020646 (3)**

1. Corporate Name

THE JAVA STOP, INC.

Principal Place of Business	Mailing Address
15415 PINE RIDGE ROAD FT MYERS FL 33908	15415 PINE RIDGE ROAD FT MYERS FL 33908

3. Date Incorporated or Qualified: 03/16/1994

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

2a. Mailing Address: 26 P.O. Box 07478 / 27 Suite, Apt. # etc. / 28 Fort Myers, FL / 29 33919 / 30 Country

4. FEI Number: 65-0482276 — 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'REILLY, LAWRENCE P 15415 PINE RIDGE ROAD FT. MYERS FL 33908	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 the position under 607.0505, Florida Statutes.

SIGNATURE [signature] Lawrence P. O'Reilly - President 5/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE	President	[ ] Change [✓] Addition
NAME	SYLVESTRE, PAUL J — Delete	1 NAME	Lawrence P. O'Reilly	
STREET ADDRESS	7181 COLLEGE PARKWAY	1 STREET ADDRESS	15415 Pine Ridge Road	
CITY-ST-ZIP	FT. MYERS FL 33907	1 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		2 TITLE	Vice President, Secretary, Treasurer	[ ] Change [✓] Addition
NAME		2 NAME	James C. Nairne	
STREET ADDRESS		2 STREET ADDRESS	15415 Pine Ridge Road	
CITY-ST-ZIP		2 CITY-ST-ZIP	Fort Myers, FL 33908	
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 the undersigned 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: [signature] Lawrence P. O'Reilly 5/17/95 813-481-9700

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

0321947 CP