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 APR 17 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020008

1. Corporation Name

FLORIDA COWBOY, INC.

Principal Place of Business / Mailing Address

2400 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/8/94	3a. Date of Last Report:
4. FEI Number: 65-0472392	☐ 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 (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)

9. Name and Address of Current Registered Agent

JOAN S. WAGNER
2400 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE, FL 33309

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) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D /T	11 TITLE	☐ Change ☐ Addition
NAME	GUS BOULIS	12 NAME	
STREET ADDRESS	2400 W. CYPRESS CREEK RD. #200	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE, FL 33309	14 CITY ST ZIP	
TITLE	VP/S	21 TITLE	☐ Change ☐ Addition
NAME	MARGARET HREN	22 NAME	
STREET ADDRESS	2400 W. CYPRESS CREEK RD. #200	23 STREET ADDRESS	000001458970
CITY ST ZIP	FT. LAUDERDALE, FL 33309	24 CITY ST ZIP	-04/18/95--01059--006 ****200.00 ****200.00
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	$87 4/17
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: _____ 4/11/95 (305) 776-0881

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

GUS BOULIS

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CORPORATION ANNUAL REPORT **1995**

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

95 APR 19 12:00

DOCUMENT # P94000020572 (1)

1. Corporation Name
THE CADRE ROOM, INC.

500001454115
-04/12/95--01037--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6239 EDGEWATER DRIVE V3 ORLANDO FL 32810	6239 EDGEWATER DRIVE V3 ORLANDO FL 32810

3. Date Incorporated or Qualified: **03/14/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3231401	☐ Applied For ☐ Not Applicable
21 6270 E Edgewater Dr.	26 6270 E Edgewater Dr.		
Suite, Apt. #, etc 22 Suite 4600	Suite, Apt. #, etc 27 Suite 4600	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Orlando FL	City & State 28 Orlando FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 32810 / 25	Zip / County 29 32810 / 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAILIK, ALICE L 6239 EDGEWATER DRIVE V3 ORLANDO FL 32810	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 6270 E Edgewater Drive 83 Suite 4600 84 City: Orlando FL 65 Zip Code: 32810

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) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP		11 TITLE X 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	PD James A. Patterson 2034 Sandy Lane Dr. Apopka FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE X 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	VP/T/D Alice L. Bailik 7180 Spanaway St. Orlando, FL 32822 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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: X Alice Bailik
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR

3/21/95
Date

407(2995162)
Daytime Phone Number

RW 4-10-95

0084148 CP