FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000024888 (7)

1. Current Name

A.R.T. DEVELOPERS, INC.

APPROVED
FILED

95 APR 28 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
2929 DAY AVE COCONUT GROVE FL 33133	2929 DAY AVE COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 03/28/1994

3a. Date of Last Report:

4. FEI Number: 65-0573727 — 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/had, for taxable year under S. 220.03(1) Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTINEZ-QUIBUS, RAMON S 2929 DAY AVE COCONUT GROVE FL 33133	81 Name 82 Street Address (P.O. Box Number Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of section 607.1622 (2) Florida Statutes, the undersigned corporation submits the following for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized to transact business in Florida and has complied with applicable provisions of section 607.1501 Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTOR(S)	13. ADDITIONS, CHANGES, DELETIONS AND/OR ADDITIONAL INFORMATION
D DRACHMAN, ARON 117 NE 1ST AVE SUITE 100 MIAMI FL 33132	
D MARTINEZ QUIBUS, RAMON S 2929 DAY AVE COCONUT GROVE FL 33133	
D SHIENBAUM, TONY 117 NE 1ST AVE SUITE 100 MIAMI FL	
	V RAMON C. MARTINEZ 1602 SW 99 PL. MIAMI, FL. 33165

14. Each [illegible] and Director signing must sign. Adding, changing or deleting officers and directors requires the signature of an officer or director. Failure to sign may result in administrative dissolution of corporation. Signature also affirms the corporation has filed or is filing its Florida income tax return or qualified or will qualify with the Florida Department of Revenue for exemption from Florida income tax.

SIGNATURE: Ramon S. Martinez 4-24-95 305-441-6670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0134020 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
FILED
[illegible]
[illegible] FLORIDA

DOCUMENT # **P94000026347 (2)**

1. Corporate Name

RELENTLESS FISHING, INC.

Principal Office Address	Mailing Address
309 MATECUMBE AVENUE ISLAMORADA FL 33036	309 MATECUMBE AVENUE ISLAMORADA FL 33036

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **04/06/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
State Agent # — 22 — State Agent # — 27
City & State — 23 — City & State — 28
24 — 25 — 29 — 30

4. FEI Number: **65-0498006** | 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. Does corporation have initially to designate or maintain a resident agent in Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 and/or 1308 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	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN (12)
P ROSS, DAVID P 309 MATECUMBE AVENUE ISLAMORADA FL 33036	RESIGNED ☐ Change ☐ Addition
PAUL W. ROSS – PRESIDENT PAUL W. ROSS 52 MAIN STREET HACKENSACK, N.J. 07601	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. [illegible]

SIGNATURE: Paul W. Ross, PAUL W. ROSS, President 4/24/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

201-488-4302

0117693 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # P94000026939 (6)

1. HYDRO Q INCORPORATED

802 CONGRESS COURT
TAMPA FL 33613

802 CONGRESS COURT
TAMPA FL 33613

3. Date of Last Report: 04/02/1994

3a. Date of This Report: N/A

2. Principal Address
21 13542 N. Florida Ave
22 Suite 215-G
23 Tampa, Florida
24 33613 25 USA

2a. Mailing Address
26 P.O. Box 880157
27
28 Tampa, Florida
29 33688-0157 30 USA

4. FEI Number: 59-3242601 (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. Florida Statutes: X Yes [ ] No

9. Name and Address of Current Registered Agent

MILLER, JOHN C
802 CONGRESS COURT
TAMPA FL 33613

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 607.1005, 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. The above named corporation has authorized the officers or directors to execute this statement, and the officers or directors executing this statement are familiar with and authorized by the corporation to comply with Chapter 607, Florida Statutes.

12. OFFICER AND/OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

P
John C. Miller
802 Congress CT
Tampa, FL 33613

VP
John C. Miller
802 Congress CT
Tampa, FL 33613

S
John C. Miller
802 Congress CT
Tampa, FL 33613

T
John C. Miller
802 Congress CT
Tampa, FL 33613

14. To the best of my knowledge and belief, the facts stated herein are true. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: John C. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995 813-269-9405

0206119 CP

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CORPORATION ANNUAL REPORT 1995 4-27-95 B 4945

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

APPROVED AND FILED
95 APR 27 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027151 (7)

1. Corporation Name

MIKE'S RESTAURANT EQUIPMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13772 MEXICO BEACH FL 32410	P.O. BOX 13772 MEXICO BEACH FL 32410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 1317 Harrison Ave.
22 Suite, Apt. #, etc.:
23 City & State: Panama City, FL
24 Zip: 32401 25 County: Bay

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

4. FEI Number: 59-3234594 ☐ 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

HUGHES, J. JOSEPH
1017-A THOMASVILLE RD.
TALLAHASSEE FL 32303

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 or 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE	D, CEO, S, V, C	☑ Change ☑ Addition
NAME	NORMAN, MICHAEL	1 NAME		
STREET ADDRESS	P.O. BOX 13772 N/A	1 STREET ADDRESS		
CITY-ST-ZIP	MEXICO BEACH FL 32410	1 CITY-ST-ZIP		
TITLE		2 TITLE	P, T	☐ Change ☑ Addition
NAME		2 NAME	michael strauss	
STREET ADDRESS		2 STREET ADDRESS	422 Mac Arthur	
CITY-ST-ZIP		2 CITY-ST-ZIP	Panama City, FL 32401	
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 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)(k), 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] 2/10/95 904-648-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410677 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P94000027294 (5)

1. CAFE BUONANOTTE, INC.

9615 S.W. 29 STREET
MIAMI FL 33165

9615 S.W. 29 STREET
MIAMI FL 33165

3. 04/11/1994

2. 21 13200 BISCAYNE BLVD.
22
23 NORTH MIAMI - FL
24 33181 25

2a. 26 13200 BISCAYNE BLVD.
27
28 NORTH MIAMI - FL
29 33181 30

4. FEI Number 65-0489301 — 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. Federal Employer Identification (FEI) Number Desired: X Yes [ ] No

9. Name and Address of Current Registered Agent

MARTINEZ, MARCELO A
9615 S.W. 29 STREET
MIAMI FL 33165

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. Pursuant to the provisions of subsection 607.0505(2) or 617.0505(2), Florida Statutes, the undersigned corporation hereby designates the following registered office and registered agent, or the registered agent only, in the state of Florida.

Signature(s)

12. Officer And Director

VSD
MARTINEZ, MARCELO R
9615 S.W. 29 STREET
MIAMI FL 33165

PTD
MARTINEZ, DANIEL R
1916 S.W. 17TH AVE.
MIAMI FL 33145

13. Additional Officer/Director Address

14. I am familiar with and accept the duties and responsibilities as registered agent for the entity listed above. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I will keep the registered office open as required by those statutes. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: Marcelo Martinez 4/20/95 (305)393-4313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

0178180 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000027374 (5)

1. Corporate Name

SHIP OF MADEIRA, INC.

ARTICLES FILED

95 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15201 ROOSEVELT BLVD SUITE 103 CLEARWATER FL 34620	15201 ROOSEVELT BLVD SUITE 103 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994

3a. Date of Last Report: N/A

2. Principal Place of Business
21 2430 ESTANCIA BLVD.
Suite, Apt. # or Etc.
22 SUITE 106
City & State
23 CLEARWATER, FL.
Zip
24 34621
County
25 PINELLAS

2a. Mailing Address
26 2430 ESTANCIA BLVD.
Suite, Apt. # or Etc.
27 SUITE 106
City & State
28 CLEARWATER FL.
Zip
29 34621
County
30 PINELLAS

4. FEI Number: 59-3238797 ☐ 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 desires to be considered for exemption under S. 193.018, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIDSON, MARION
~~15201 ROOSEVELT BLVD~~
~~SUITE 103~~
~~CLEARWATER FL 34620~~

10. Name and Address of New Registered Agent

81 Name: DAVIDSON, MARION
82 Street Address (P.O. Box Number is Not Acceptable): 2430 ESTANCIA BLVD
83 SUITE 106
84 City: CLEARWATER FL 85 Zip Code: 34621

11. Pursuant to the provisions of Section 607.0502 or 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 607.0505, Florida Statutes.

SIGNATURE: Marion Davidson, Asst. MARION DAVIDSON, PRES 4-20-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D/P DAVIDSON, MARION 15201 ROOSEVELT BLVD SUITE 103 CLEARWATER FL 34620	D/P ☒ Change ☐ Addition DAVIDSON, MARION 2430 ESTANCIA BLVD. #106 CLEARWATER, FL. 34621
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby 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 I am familiar with the obligations of that chapter and the penalties for its violation.

SIGNATURE: Marion Davidson, Pres 4-20-95 (813) 799-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARION DAVIDSON, PRESIDENT

0397247 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # P94000027856 (1)

1. Entity Name

SUBRUDALL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1008 MOCCASIN RUN ROAD OVIEDO FL 32765	1008 MOCCASIN RUN ROAD OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

State, Apt. # or Str. — 22

State, Apt. # or Str. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — Country — 30

4. FEI Number: 59-3236983 — 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. Does corporation owe taxes to intangible tax under S. 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KRITZIK, BRUCE J
1008 MOCCASIN RUN ROAD
OVIEDO FL 32765

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 607.0502 or 607.1908, Florida Statutes, the above named corporation submits the 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. OFFICER AND/OR DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
PD KRITZIK, BRUCE J 1008 MOCCASIN RUN ROAD OVIEDO FL 32765	☐ Change ☐ Addition
VSD KRITZIK, SUSAN K 1008 MOCCASIN RUN ROAD OVIEDO FL 32765	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and any attachments hereto, is true and accurate and that, for electronic filings, I have the authority to file this report on behalf of the corporation. I further certify that the corporation has paid all fees due to the Florida Department of State that are payable pursuant to Chapter 607, Florida Statutes, and that the corporation has complied with all applicable requirements to maintain its status as an active corporation.

SIGNATURE: Susan K. Kritzik — Susan K. Kritzik — 4-22-95 — 407-366-1869

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0043638 CP