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 10 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037616 (7)**

1. Corporate Name
ALL BLINDS INC.

Principal Place of Business	Mailing Address
2123 RIVER REACH DRIVE NAPLES FL 33942	2123 RIVER REACH DRIVE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 2123 RIVER REACH DRIVE
22 Suite Apt. # etc: APT 487
23 City & State: NAPLES
24 Zip: 33942 25 County: Collier

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

4. FEI Number: 440-44-3150 ☐ 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

COE, WILLIAM
2123 RIVER REACH DRIVE
#487
NAPLES FL 33942

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 607.1940, and 607.1950, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT CAROL A. COE 2123 RIVER Reach Drive Unit 487 Naples Fla. 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I declare that I have examined the information supplied with this filing, and that to the best of my knowledge, it is true, correct and complete. I further certify that the corporation has paid all fees due to the Florida Department of State for this report, and that its registered office and registered agent, as shown in item 9 or item 10, as changed, will maintain a registered office and agent, respectively, in Florida as required by the Florida Corporation Act.

SIGNATURE: Carol A. Coe — 5-14-95 — 813-261-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0328357 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

DOCUMENT # P94000037835 (3)

1. Corporation Name

AARON MED. CORP.

Principal Place of Business	Mailing Address
6432 SAW MILL LANE MIAMI LAKES FL 33014	6432 SAW MILL LANE MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report

2. Principal Place of Business / 2a. Mailing Address (21–30: Suite, Apt #, City & State, Zip, Country)

4. FEI Number: 65-0492215 — 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

DIEGUEZ, ANTHONY JD
1840 WEST 49TH STREET STE. 411
HIALEAH FL 33012

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	P/D ☒ Change ☐ Addition
NAME	~~VEGA, LAZARO~~	NAME	JOHN W. ROA
STREET ADDRESS	~~6432 SAW MILL LANE~~	STREET ADDRESS	8125 N.W. 8 ST #219
CITY-ST-ZIP	~~MIAMI LAKES FL 33014~~	CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VTD	TITLE	☐ Change ☐ Addition
NAME	PEREZ, CARMEN	NAME	
STREET ADDRESS	6432 SAW MILL LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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] CARMEN PEREZ 4/17/95 305-312-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0004282 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED
FILED

DOCUMENT # **P94000038631 (5)**

1. Corporation Name
LEADING EDGE PRODUCTIONS INC.

Principal Place of Business	Mailing Address
P.O. BOX 31388 PALM BEACH GARDENS FL 33420-1388	P.O BOX 31388 PALM BEACH GARDENS FL 33420-1388

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — County — 25 / 30

4. FEI Number: 65-0493790 ☐ 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. 199.052, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD
SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: MARK LEINBERGER
82 Street Address (P.O. Box Number is Not Acceptable): 11638 ELLISON WILSON Rd
83: #12
84 City: NORTH PALM BEACH FL 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1935, 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: Mark Leinberger, MARK LEINBERGER, PRESIDENT 3/27/95
(Signature of New Registered Agent, if changed) (Name & Capacity of Person Signing)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: LEINBERGER, MARK STREET ADDRESS: P.O. BOX 31388 N/A CITY-ST-ZIP: PALM BEACH GARDENS FL 33420-1388	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this report is complete, accurate 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 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 added to the report.

SIGNATURE: Mark Leinberger, MARK LEINBERGER 3/27/95 (407)694-1982
(Signature and Typed or Printed Name of Individual) (Date) (Area Code & Daytime Phone Number)

0436400 FP