FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044637 (4)

1. Entity Name

ISLANDER CAR, INC.

Principal Place of Business

1900 MAIN STREET SUITE 210
SARASOTA FL 34236

Mailing Address

1900 MAIN STREET SUITE 210
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: 06/10/1994

3a. Date Last Report: n/a

2. Principal Place of Business
21

Suite/Apt. #
22

City & State
23

Zip
24

County
25

26. Mailing Address

Suite/Apt. #
27

City & State
28

Zip
29

County
30

4. FEI Number: Applied For [ ] Not Applicable [X]

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 back taxes under s. 193.092, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

W R KLEIN PA
1900 MAIN STREET SUITE 210
SARASOTA FL 34236

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(s) 607.0502 and 607.1908, 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

(Only if Registered Agent is changing or adding new Registered Agent) (If Registered Agent is resigning) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (X)
01 T	D	[ ] Change [ ] Addition
NAME	SPITZ, DONNA L	
STREET ADDRESS	18585 KLINGER CIRCLE	
CITY ST ZIP	PORT CHARLOTTE FL 33948	
02 T		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
03 T		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
04 T		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
05 T		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
06 T		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I do hereby certify that the information supplied with this report 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 added to the report with an address.

SIGNATURE: Donna L Spitz
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

16 May 95
Date

813 625 9515
Telephone Number

0341042 CP

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(CORPORATION) ANNUAL REPORT

1995

DOCUMENT # P94000045634 (0)

C.A.G. THERAPEUTIC MASSAGE, INC.

APPROVED

MAY 15 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1308 E. NORMANDY BLVD.~~ ~~DELTONA FL 32725~~	~~1308 E. NORMANDY BLVD.~~ DELTONA FL 32725

3. Date First Started Doing Business in Florida: 06/13/1994

3a. Date of Last Report:

21 641 W Fairbanks Ave	26 (Same)
22 Suite, Apt. #, or Bldg.: Ste 217	27 Suite, Apt. #, or Bldg.:
23 City: Winter Park, FL 32789	28 City, State:
24 Zip: 32789	25 Country: USA
29 Zip:	30 Country:

4. FEI Number: 59-3251759 — 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 filed, or elects to file, a report under Section 607.1622, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GREEN, C A
~~1308 E. NORMANDY BLVD.~~
DELTONA FL 32725

10. Name and Address of New Registered Agent

01 Name	Green C.A.
02 Street Address (P.O. Box Number is Not Acceptable)	641 W. Fairbanks Ave.
03	Ste 217
04 City	Winter Park FL 05 Zip Code 32789

11. Pursuant to the provisions of Section 607.1622, 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. Substantially, the corporation's board of directors directly or indirectly by the enactment of resolutions or by unanimous written consent of the shareholders as required by Florida Statutes.

12. OFFICERS AND DIRECTORS

Type	P
Name	GREEN, C. A
Address	1308 E. NORMANDY BLVD.
City-St-Zip	DELTONA FL 32725

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Type	P	[X] Change [ ] Addition
Name	Green, CA	
Address	641 W Fairbanks Ave Ste 217	
City-St-Zip	Winter Park, FL 32789	
Type		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		
Type		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		
Type		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		
Type		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		
Type		[ ] Change [ ] Addition
Name		
Address		
City-St-Zip		

14. To the best of my knowledge, the information supplied with this filing is substantially complete and does not qualify for the exemptions 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 13 or Block 14 if changed, or on an attached sheet, with an address.

SIGNATURE: [signature] 5/15/95

TYPED OR PRINTED NAME OF INDIVIDUAL

0048006 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
[date stamp] AM 10:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000046216 (5)

1. Corporation Name

CREATIVE BUSINESS CONCEPTS, INC.

Principal Place of Business	Mailing Address
400 N.W. 214TH ST. #105 MIAMI FL 33169	400 N.W. 214TH ST. #105 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
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: 65-0506674 ☐ 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	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: James G. Gaogamo 82 Street Address (P.O. Box Number is Not Acceptable) 83 400 N.W. 214 ST - # 105 84 City: Miami FL 85 Zip Code: 33169

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 X [signature] James G. Gaogamo 4/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		TITLE	President	☐ Change ☒ Addition
NAME		NAME	James G Gaogamo	
STREET ADDRESS		STREET ADDRESS	400 NW 214 ST - # 105	
CITY-ST-ZIP		CITY-ST-ZIP	Miami FL 33169	
TITLE		TITLE	Vice Pres/Secy	☐ Change ☒ Addition
NAME		NAME	Lynette Gaogamo	
STREET ADDRESS		STREET ADDRESS	400 N.W 214 ST - # 105	
CITY-ST-ZIP		CITY-ST-ZIP	Miami FL 33169	
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)(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 [signature] James G. Gaogamo, President 4/11/95 (305)654-9377

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

0105272 CP