

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

INCORPORATION  
STATE OF FLORIDA  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
1995

53 MAY 27 AM 10:15

**DOCUMENT # P94000047332 (9)**  
**OPA LOCKA WAREHOUSE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Name and Address of Incorporator**  
4381 S.W. 100TH TERR  
DAVIE FL 33328

**2a. Mailing Address**  
4381 S.W. 100TH TERR.  
DAVIE FL 33328

<b>3.</b> Date of Incorporation	<b>3a.</b> Month of Last Payment
06/24/1994	
<b>4.</b> FIC Number	Applied For / Not Applicable
65-0506915	
<b>5.</b> Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
<b>6.</b> Election Campaign Financing / Trust Funds Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
<b>7.</b> This corporation has adopted the rules of the Florida Ethics Code	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>91.</b> Name	
<b>92.</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>93.</b>	
<b>94.</b> City	<b>95.</b> Zip Code
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	FL

**11.** I, the undersigned, Secretary of the Florida Department of State, certify that the above named corporation submits this statement for the purpose of changing its registered office and registered agent in both the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the new address as registered agent. I am not aware of any other change of office or registered agent in the State of Florida.

Be aware that the Florida Department of State is not responsible for the accuracy of the information provided by the incorporator or registered agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	DPVS DESSBERG, VICTOR 4381 S.W. 100 TERR. DAVIE FL 33328	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	
ZIP CODE		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	DESSBERG, VICTOR	6. STREET ADDRESS	
2. STREET ADDRESS	4381 S.W. 100 TERR.	7. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	DAVIE FL 33328	8. STATE	
4. STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ZIP CODE		10. STREET ADDRESS	
6. NAME		11. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS		12. STATE	
8. CITY		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STATE		14. STREET ADDRESS	
10. ZIP CODE		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14.** I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and that it does not qualify for the exemption stated in Section 190.05, Florida Statutes. I further certify that the information included on this annual report is supplemental annual report information and is not a part of the annual report and that my secretary shall have the same reported and made public in the same manner as the annual report of the corporation if the name of the incorporator or registered agent is required to be made public as required by Chapter 190, Florida Statutes, and that my name appears in this filing as the incorporator or registered agent with an address.

**SIGNATURE:** *John R. Deberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5-19-95 X 305-685-8111

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
CORPORATION

DOCUMENT # **P94000047374 (1)**

**CREATING IMPROVEMENT PRODUCTS, INC.**

SC 111000 111000  
111000 111000

<b>1. Principal Office Address</b> %TRADER JIM'S 3757 S. MILITARY TRAIL LAKE WORTH FL 33463		<b>2b. Mailing Address</b> %TRADER JIM'S 3757 S. MILITARY TRAIL LAKE WORTH FL 33463		<b>3. Filing Date</b> 06/24/1994	
<b>21. Principal Office Address</b> 195 OHIO RD		<b>26. Mailing Address</b> 195 OHIO RD		<b>4. Filing Fee</b> <input checked="" type="checkbox"/> Applied Fee <input type="checkbox"/> Not Applicable	
<b>22. State App # of 21</b>		<b>27. State App # of 26</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23. City</b> LAKE WORTH FL		<b>28. City</b> LAKE WORTH FL		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24. State App # of 21</b> 33467		<b>25. State App # of 26</b> PALM BEACH		<b>29. State App # of 21</b> 33467	
<b>30. State App # of 26</b> PALM BEACH		<b>8. This Corporation has liability for intangible tax under Section 198.05, Florida Statutes.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> LEMELL, HOWARD A %TRADER JIM'S 3757 S. MILITARY TRAIL LAKE WORTH FL 33463			<b>10. Name and Address of New Registered Agent</b>		
			<b>B1. Name</b> LEMELL, HOWARD A		
			<b>B2. Street Address (P.O. Box Number is Not Acceptable)</b> 195 OHIO RD		
			<b>B3. City</b>		
			<b>B4. City</b> LAKE WORTH FL		
			<b>B5. Zip Code</b> 33467		
<b>11. Pursuant to the provisions of Sections 607.01(2), 607.01(3) 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 understand the provisions of Sections 607.01(2), 607.01(3) and 607.1508, Florida Statutes.</b>					
SIGNATURE <i>[Signature]</i>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: LEMELL, HOWARD A STREET ADDRESS: 7226 GOLF COLONY CT., #102 CITY: LAKE WORTH FL 33467-3993	TITLE: PD NAME: LEMELL, HOWARD A STREET ADDRESS: 195 OHIO RD CITY: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: LEMELL, MICHELE A STREET ADDRESS: 7226 GOLF COLONY CT., #102 CITY: LAKE WORTH FL 33467-3993	TITLE: VD NAME: LEMELL, MICHELE A STREET ADDRESS: 195 OHIO RD CITY: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY:	TITLE: NAME: STREET ADDRESS: CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY:	TITLE: NAME: STREET ADDRESS: CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY:	TITLE: NAME: STREET ADDRESS: CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(2)(b), Florida Statutes. I further certify that the information submitted on the principal office or supplemental principal office 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *[Signature]* Howard A. Lemell April 27, 1995 9672636

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FOR THE YEAR  
ANNUAL REPORT  
**1995**



DEPARTMENT OF STATE  
CORPORATION  
TALLAHASSEE, FLORIDA

**APPROVED**  
MAY 1995

06/22/1994

STATE OF FLORIDA

DOCUMENT # **P94000048039 (9)**  
**SONGIR CORPORATION**

Principal Office Address: **480 S LANE AVE JACKSONVILLE FL 32254**  
Mailing Address: **480 S LANE AVE JACKSONVILLE FL 32254**

21	26
21 <b>S10 S. LANE AVE</b>	26 <b>S10 S. LANE AVE</b>
22	27
23 <b>Jacksonville FL</b>	27 <b>Jacksonville FL</b>
24 <b>32254</b>	25 <b>Duval</b>
29 <b>32254</b>	30 <b>Duval</b>

3	3a
06/22/1994	
4	Applied Fee
59-325-7601	Not Applicable
5	\$8.75 Additional Fee Required
6	\$5.00 May Be Added to Fees
7	
8	

9. Name and Address of Current Registered Agent  
**COLD, KATHLEEN H  
1 INDEPENDENT DRIVE SUITE 2301  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers Not Applicable)  
83  
84 City  
**FL** 85 Zip Code

11. I, the undersigned, being a duly qualified and duly sworn officer of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS

NAME	ADDRESS
<b>D PATEL, SHAKUNTALA I</b>	<b>460 S LANE AVE JACKSONVILLE FL 32254</b>
<b>V T S PATEL, ISHWAR L.</b>	<b>460 S. LANE AVE JACKSONVILLE, FL-32254</b>

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	ADDRESS	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shown and equally for the corporation stated in this report to the State of Florida, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *[Signature]* **ISHWAR L. PATEL 3/30/95 904786750**

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Morikiah  
Secretary of State  
CORPORATION, CHAPTER 218

DOCUMENT # **P94000048285 (8)**

5/11/95 11:10:15

**ALLEN ROBERTS FLORAL DESIGNS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Previous Filing Information: 0843 S.E. BRIDGE ROAD HOBE SOUND FL 33455  
Mailing Address: 0843 S.E. BRIDGE ROAD HOBE SOUND FL 33455

3. Date the corporation is Qualified: 06/24/1994  
3a. Date of Last Report: N/A  
4. FEI Number: 65-0504906  
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 liability for intangible tax under § 190.132 Florida Statutes:  Yes  No

2. Principal Place of Business: 26. Mailing Address  
22. State: Apt. # etc.: 27. State: Apt. # etc.:  
23. City & State: 28. City & State:  
24. Zip: 25. Zip: 29. Zip: 30. Zip:

9. Name and Address of Current Registered Agent  
**CARANGELO, ROBERT**  
**9232 MYSTIC COVE TERRACE**  
**HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent  
B1 Name: **Robert Carangelo**  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3 **7447 S.E. CONCORD PL**  
B4 City: **Hobe Sound, FL** B5 Zip: **33455**

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(8), 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 a resident of and accept the jurisdiction of the State of Florida, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CARANGELO, ROBERT
STREET ADDRESS	9232 MYSTIC COVE TERRACE
CITY, ST. ZIP	HOBE SOUND FL 33455
TITLE	VT
NAME	EIRING, G. ALLEN
STREET ADDRESS	118 HARROW DRIVE
CITY, ST. ZIP	SOMMERSET NJ 08873
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	7447 S.E. CONCORD PL.
1. CITY, ST. ZIP	HOBE SOUND, FL. 33455
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST. ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST. ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST. ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST. ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that I am not qualified for the exception stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information is included on this annual report of supplemental annual report or on and out state and that my signature shall have the same legal effect as if made under oath. That I am eligible to be elected to the corporation or the removal or trustee responsibility to include this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Robert Carangelo** *Robert Carangelo (Proprietor)* 1-16-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 407-546-0733