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 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049039 (8)**

1. Corporate Name

FASHIONS OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
1589 REED RD. WEST TRENTON NJ 08628	1589 REED RD. WEST TRENTON NJ 08628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994 | 3a. Date of Last Report:

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite/Apt. # — 22 | Suite/Apt. # — 27

City & State — 23 | City & State — 28

Zip — 24 | County — 25 | Zip — 29 | County — 30

4. FEI Number: 65-0508494 | 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	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 and/or 617.1905, 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. Said 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	P/D	☐ Change ☐ Addition
NAME	POPKIN, SHARON	
STREET ADDRESS	216 COVERED BRIDGE RD	
CITY, ST, ZIP	NEW HOPE, PA	
TITLE	V/D	☐ Change ☐ Addition
NAME	LEVY, DEXTER	
STREET ADDRESS	1 FIELDSTONE C.T.	
CITY, ST, ZIP	UPPER SADDLE RIVER, NJ	
TITLE	S/D	☐ Change ☐ Addition
NAME	MORI, FRANK	
STREET ADDRESS	805 W. 39th ST.	
CITY, ST, ZIP	NEW YORK, NY	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I/We 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 of changed, with an attachment with an address.

SIGNATURE: (X) _____ DEXTER LEVY · VICE PRESIDENT 5/11/95 (609)737-6850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone Number

0484270 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P94000050104 (6)

1. Corporate Name

F1 BUILDING SERVICES INC.

Principal Place of Business: 8719 S.W. 147TH PL. MIAMI FL 33193

Mailing Address: 8719 S.W. 147TH PL. MIAMI FL 33193

RECEIVED / FILED ... 10:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 20773
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State	28 City & State TAMPA, FL
24 Zip / 25 Country	29 Zip 33622-0773 / 30 Country USA

4. FEI Number: 59-327 5153 — 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 intangible tax under ... Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CORREA, MARTA E
8719 S.W. 147TH PL.
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name: JAMES B. KLAY JR.
82 Street Address (P.O. Box Number is Not Acceptable): 6014 Ambassador DRIVE
83
84 City: TAMPA FL 85 Zip Code: 33615

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] JAMES B. KLAY JR 6 MAY 95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GABRIEL GONZALEZ 5070 ASALEY LAKE DRIVE #8-32 BOYNTON BEACH, FL 33437	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/TREASURER MARGARET A. KLAY 6014 Ambassador Drive TAMPA, FL 33615	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GENERAL MANAGER JAMES B KLAY JR. 6014 Ambassador Drive TAMPA, FL 33615	[ ] Change [X] 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 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: [signature] JAMES B. KLAY JR. 6 MAY 95 — Daytime Phone #: 813-882-8063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0004723 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 AND FILED

95 MAY 22 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050162 (4)

1. Current Name

PETER M. CARDILLO, P.A.

Principal Place of Business

100 N TAMPA ST
SUITE 3500
TAMPA FL 33602

Mailing Address

100 N TAMPA ST
SUITE 3500
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. or Bldg.
22

Suite, Apt. or Bldg.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 59-3271000-012512
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 any delinquent tax under S. 196.081 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES INC
175 NW FIRST AVE
COURT HOUSE CENTER SUITE 2000
MIAMI FL 33128-9965

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 607.0505 and 607.1008, 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

TITLE: D
NAME: CARDILLO, PETER M
STREET ADDRESS: 100 N TAMPA ST SUITE 3500
CITY ST ZIP: TAMPA FL 33602

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I/We 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 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 13 above, or on an attachment with an asterisk.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95
Date

Daytime Phone #

0000013 CP