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 APR 26 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000051220

1. Corporation Name

JHC RECORDKEEPER CO.

Principal Place of Business:
1066 NW 110 LANE
CORAL SPRINGS, FLORIDA
33071

Mailing Address:
1066 NW 110 LANE
CORAL SPRINGS,FLORIDA
33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/7/94
3a. Date of Last Report:
4. FEI Number: 65-0504871 — 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

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

9. Name and Address of Current Registered Agent

JAY COOPERMAN
1066 NW 110 LANE
CORAL SPRINGS, FLORIDA
33071

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

12. OFFICERS AND DIRECTORS

TITLE: D P
NAME: JAY COOPERMAN
STREET ADDRESS: 1066 NW 110 LANE
CITY-ST-ZIP: CORAL SPRINGS, FLA. 33071

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ 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(1)(b), 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] 4/15/95 (305) 346 3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY COOPERMAN

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
APR 25 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051288

1. Corporation Name

IMPERIAL VILLAGE, INC.

Principal Place of Business	Mailing Address
1746 U.S. HIGHWAY 441, EAST LEESBURG, FLORIDA 34748	P. O. BOX 895008 LEESBURG, FLORIDA 34789-5008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report: N/A

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: 59-3259334 ☐ 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

JOHN D. McLEOD
1746 U. S. HIGHWAY 441, EAST
LEESBURG, FLORIDA 34748

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: _____ JOHN D. McLEOD, PRESIDENT 4/18/95
Signature of new registered agent if new agent is appointed (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT/DIRECTOR JOHN D. McLEOD 1746 U.S. HIGHWAY 441, EAST LEESBURG, FL 34748	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY/DIRECTOR SHERRY S. McLEOD 1746 U.S. HIGHWAY 441, EAST LEESBURG, FLORIDA 34748	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 900001481509 -04/28/95--01005--020 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TREASURER/DIRECTOR J. PATRICK TAYLOR 33231 FAIRWAY ROAD LEESBURG, FLORIDA 34788	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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: _____ JOHN D. McLEOD, PRESIDENT 4/18/95 904/787-4000
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #