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 28 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000055708 (9)

1. Corporation Name

JARCEL TRADING GROUP, INC.

Principal Place of Business	Mailing Address
7561 S.W. 176TH STREET MIAMI FL 33157	7561 S.W. 176TH STREET MIAMI FL 33157

3. Date Incorporated or Qualified: 07/26/1994

3a. Date of Last Report:

4. FEI Number: 65-0509238 — 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: 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

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

9. Name and Address of Current Registered Agent

HKES&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DRIVE
SUITE 600
MIAMI FL 33133

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
NAME	KELLERMAN, DAVID P
STREET ADDRESS	7561 S.W. 176TH STREET
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D
NAME	LEVITT, JAREN
STREET ADDRESS	7561 S.W. 176TH STREET
CITY-ST-ZIP	MIAMI FL 33157

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ 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 of the report or on an attachment with an address.

SIGNATURE: [signature] DAVID P. KELLERMAN 4-20-95 305 251-7540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0171600 CP

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # P94000056042 (2)

1. Corporation Name

ANIMAL CARE CLINIC OF KEY LARGO, INC.

Principal Place of Business	Mailing Address
100660 OVERSEAS HIGHWAY KEY LARGO FL 33037	100660 OVERSEAS HIGHWAY KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report: N/A

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

4. FEI Number: 65-0515827 ☐ 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
PEACOCK, FREDERICK 100660 OVERSEAS HIGHWAY KEY LARGO FL 33037	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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1) TITLE	☐ Change ☐ Addition
NAME	PEACOCK, FREDERICK	1) NAME	
STREET ADDRESS	910 LOBSTER LANE	1) STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	1) CITY-ST-ZIP	
TITLE		2) TITLE	☐ Change ☐ Addition
NAME		2) NAME	
STREET ADDRESS		2) STREET ADDRESS	
CITY-ST-ZIP		2) CITY-ST-ZIP	
TITLE		3) TITLE	☐ Change ☐ Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Frederick Peacock Pres 4/24/95 (305)453-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE

0117744 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

DOCUMENT # **P94000056451 (5)**

1. Corporate Name
ATLANTIC SHORES, INC.

Principal Place of Business	Mailing Address
~~20423 STATE ROAD 7 SUITE 208~~ ~~BOCA RATON FL 33498~~	20423 STATE ROAD 7 SUITE 208 BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 65-0501991 ☐ Applied For ☐ Not Applicable
State, Apt. #, etc. (22)	State, Apt. #, etc. (27)	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23): POMPANO BEACH FL	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25): USA	Zip (29) / Country (30)	8. This corporation has/had its principal tax under § 199.095, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BUTLER, JENNIFER~~ ~~20423 STATE ROAD 7 SUITE 208~~ ~~BOCA RATON FL 33498~~	81 Name: JANET PHILLIPS 82 Street Address (P.O. Box Number is Not Acceptable): 2150 W. OAKLAND PARK BLVD 83: STE B 84 City: FT LAUDERDALE FL 85 Zip Code: 33311

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: Janet Phillips — JANET PHILLIPS, R.A. — DATE: 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	
1 TITLE	VS	1 TITLE	☐ Change ☐ Addition
2 NAME	BUTLER, JENNIFER	2 NAME	
3 STREET ADDRESS	20423 STATE ROAD 7 SUITE 208	3 STREET ADDRESS	
4 CITY-ST-ZIP	BOCA RATON FL 33498	4 CITY-ST-ZIP	
5 TITLE	PD	5 TITLE	☐ Change ☐ Addition
6 NAME	BUTLER, MICHAEL	6 NAME	
7 STREET ADDRESS	20423 STATE ROAD 7 SUITE 208	7 STREET ADDRESS	
8 CITY-ST-ZIP	BOCA RATON FL 33498	8 CITY-ST-ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY-ST-ZIP		12 CITY-ST-ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY-ST-ZIP		16 CITY-ST-ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY-ST-ZIP		20 CITY-ST-ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 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 above, or on an attachment with an address.

SIGNATURE: Jennifer Butler — Vice President — 4/25/95 — (305)914-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jennifer Butler Vice President

0281330 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # P94000056565 (2)

1. Corporation Name

MARICOPA FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2706 S HORSESHOE DR NAPLES FL 33942-6154	2706 S HORSESHOE DR NAPLES FL 33942-6154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1994

3a. Date of Last Report:

4. FEI Number: 65-0508570 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

MOBLEY, DAVID M
2706 S HORSESHOE DR
NAPLES FL 33942-6154

10. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable):

City: FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	MOBLEY, DAVID M	NAME	
STREET ADDRESS	2706 S HORSESHOE DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942-6154	CITY-ST-ZIP	
TITLE		TITLE	SV — ☐ Change ☒ Addition
NAME		NAME	Mobley, Gwendolyn
STREET ADDRESS		STREET ADDRESS	2706 S. Horseshoe Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Naples, FL 33942
TITLE		TITLE	T — ☐ Change ☒ Addition
NAME		NAME	Tsang, Kenneth K.
STREET ADDRESS		STREET ADDRESS	2706 S. Horseshoe Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Naples, FL 33942
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 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: Gwendolyn L Mobley — Gwendolyn L. Mobley 1-11-95 (813)262-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0320133 CP