FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED
95 JUL 21 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059052 (8)**

1\. [illegible]

REMY AND WEAVER ENTERPRISES, INC.

[illegible]
1602 BROADWAY
RIVIERA BEACH FL 33404

Mailing Address
1602 BROADWAY
RIVIERA BEACH FL 33404

3\. [illegible] 08/01/1994
3a. [illegible]

4\. FEI Number 65-0508469 ☐ 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\. [illegible] Florida Statutes ☐ Yes ☐ No

2\. [illegible]
21
22
23
24
25

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

9. Name and Address of Current Registered Agent

REMY, GENEVA
1602 BROADWAY
RIVIERA BEACH FL 33404

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\. [illegible] Florida Statutes [illegible]

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS

Charles F. Remy
President
911 31st St
W.P.B. FL 33407

Vice President
Geneva Weaver
352 Jennings Ave
Greenacres Fl 33463

Sec & treasurer
Geneva Remy
911 31st St
W P B Fl 33407

T.B. 7/21/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
400001545834
-07/25/95--01106--015
****225.00 ****225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14\. [illegible]

SIGNATURE: Geneva Remy Geneva Remy 5/30/95 8180447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0244011 CP

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ANNUAL REPORT
1995

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

APPROVED
AND
FILED
95 JUL [illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061080

1. Corporate Name: Advance Medical Services Inc

Principal Place of Business:
7229 A SW 24th st
Miami, FL, 33158

Mailing Address: (SAME)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: August/11/1994
3a. Date of Last Report:
4. FEI Number: 65-0513296 ☐ 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

Carlos A. Jaramillo
6965 Harding Ave #501
Miami Beach, FL, 33141

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
[illegible] Date

12. OFFICERS AND DIRECTORS

TITLE: D/P/V/S
NAME: Carlos A. Jaramillo
STREET ADDRESS: 6965 Harding Ave #301
CITY-ST-ZIP: Miami Beach, FL, 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

800001540458
-07/18/95--01096--018
****225.00 ****225.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Ch

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/95 Date
(305) Daytime Phone #

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
[illegible]
[illegible] 2[illegible] PM 3:25
[illegible] STATE
[illegible] FLORIDA

DOCUMENT # P 94000060254

1. Corporation Name
TROPICAL POOLS & FOUNTAINS, INC.

Principal Place of Business
1921 Via Venetia
Winter Park, FL 32789

Mailing Address
1921 Via Venetia
Winter Park, FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 668 N. Orlando Ave.
Suite, Apt. #, etc
22 Suite 1016
City & State
23 Maitland, FL
Zip
24 32[illegible]51
County
25 Seminole

2a. Mailing Address
26 1387 Mizell Ave.
Suite, Apt. #, etc.
27
City & State
28 Winter Park, FL
Zip
29 32789
Country
30 Orange

3. Date Incorporated or Qualified: 08/16/94
3a. Date of Last Report:
4. FEI Number: 59-3261467 ☐ 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
Harr[illegible] Smith
1921 [illegible]a Venetia
Winter Park, FL 32789

10. Name and Address of New Registered Agent
81 Name: James Lee Strait, III
82 Street Address (P.O. Box Number is Not Acceptable): 1387 Mizell Ave.
83
84 City: Winter Park FL
85 Zip Code: 32789

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 James Lee Strait, III
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P/S/T
NAME	Harry A. Smith
STREET ADDRESS	1921 Via Venetia
CITY · ST · ZIP	Winter Park, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	T.S. 7/24/95
CITY · ST · ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D/P/S/T	☒ Change ☐ Addition
1 2 NAME	James Lee Strait, III	
1 3 STREET ADDRESS	1387 Mizell Ave.	
1 4 CITY · ST · ZIP	Winter Park, FL 32789	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY · ST · ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS	00000154804[illegible]	
3 4 CITY · ST · ZIP	-07/27/95--01080--009	
4 1 TITLE	****225.00 ****225.00	☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY · ST · ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY · ST · ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(k), 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: 7-3-95 (407)645-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
James Lee Strait, III, President

ILE 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

95 JUL 21 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000060393 (3)

1. Corporation Name
THUNDER WHEELS SKATING CENTER, INC.

rincipal Place of Business	Mailing Address
4135 W 6TH AVE HIALEAH FL 33012	4135 W 6TH AVE HIALEAH FL 33012

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

3. Date Incorporated or Qualified 08/17/1994
3a. Date of Last Report

4. FEI Number 65-0514612 ☐ 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

MARTIN, MEDARDO M
4135 W 6TH AVE
HIALEAH FL 33012

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

1. 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.

IGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS

ITLE	D
AME	MARTIN, MEDARDO M
TREET ADDRESS	4135 W 6TH AVE
ITY-ST-ZIP	HIALEAH FL 33012
ITLE	D
AME	RODRIGUEZ, LUIS R
TREET ADDRESS	1042 W 50TH PL
ITY-ST-ZIP	HIALEAH FL 33012
ITLE	D
AME	HABER, PEDRO R
TREET ADDRESS	6630 NW 41ST ST
TY-ST-ZIP	VIRGINIA GARDENS FL 33166
ITLE	
AME	
REET ADDRESS	
TY-ST-ZIP	
LE	
MI	
REET ADDRESS	
Y-ST-ZIP	
LE	
MI	
REET ADDRESS	
Y-ST-ZIP	TIS. 7/26/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-President	☐ Change ☒ Addition
1.2 NAME	ANA I. MARtin	
1.3 STREET ADDRESS	4135 W 6Th Ave	
1.4 CITY-ST-ZIP	Hialeah Fl 33012	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

200001547672
-07/27/95--01055--011
*****61.25 *****61.25

1. 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)(k), 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.

IGNATURE: MEDARDO Marlin 7/24/95 (305) 824-5016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #