SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995 IF AMENDED ANNUAL REPORT IS NOT RECEIVED, ASSUMED AGENT MAY BE REMOVED, 1995

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 9:00

DOCUMENT # P94000066479 (4)

1. Corporation Name

ROBICONTI ENTERPRISES, INC.

Principal Office Address

6709 WOOD BRANCH DRIVE
TAMPA FL 33610

Mailing Address

6709 WOOD BRANCH DRIVE
TAMPA FL 33610

3. Date Incorporated or Qualified: 09/06/1994

3a. Date of Last Report:

4. FEI Number: 59-3269628

Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. The corporation is organized pursuant to Section ... of the Florida Statutes: Yes [ ] No [X]

9. Name and Address of Current Registered Agent

ROBICONTI, JAMES
6709 WOOD BRANCH DRIVE
TAMPA FL 33610

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. Upon the filing of this report, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Having been authorized, the corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section ... Florida Statutes.

12. OFFICER AND DIRECTOR

D
ROBICONTI, JAMES
6709 WOOD BRANCH DRIVE
TAMPA FL 33610

13. Change / Add

14. I hereby certify that the information supplied with this report is true and accurate and that, pursuant to Section ... Florida Statutes, the corporation will file with the Department of State any changes to the information contained herein before any change becomes effective. I understand that the annual report must be received by the Department of State by ... and that the corporation is subject to penalty for failing to do so. I understand that I am required to include the name and address of the registered agent and the registered office address, if applicable, in this report. I understand that I am required to include the name and address of the registered agent and the registered office address, if applicable, in this report.

SIGNATURE: James Robiconti 6-19-95 813-626-8903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100239 CP

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P94000067131 (0)**

1. Current Name

ELIZA PERRY, INC.

N

Principal Place of Business:
C/O JONATHAN H. GREEN, P.A.
2400 SOUTH DIXIE HIGHWAY STE. 105
MIAMI FL 33133

Mailing Address:
C/O JONATHAN H. GREEN, P.A.
2400 SOUTH DIXIE HIGHWAY STE. 105
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. # or Rm. #
22
City & State
23
ZIP
24
County
25

26. Mailing Address
26
Suite, Apt. # or Rm. #
27
City & State
28
ZIP
29
County
30

4. FEI Number: 650910581 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. ☐ — $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

GREEN, JONATHAN H
2400 SOUTH DIXIE HIGHWAY
STE. 105
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 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 that position set forth in Florida Statutes.

SIGNATURE: Eliza D. Perry — 6/21/95
(Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS

D
GREEN, JONATHAN H
2400 SO. DIXIE HIGHWAY STE. 105
MIAMI FL 33133

13. ☐ Change ☐ Addition

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 added to the report.

SIGNATURE: Eliza D. Perry — 6/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

CR2E034 (3/95)

0030454 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

1995

DOCUMENT # P94000067394 (4)

N

We just incorporated last year 09-14-94

PERFORMANCE OFFICE SUPPLIES & EQUIPMENT, INC.

335 NORTH WASHINGTON BLVD
SARASOTA FL 34236

335 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

3. 09/14/1994

4. 65-0519971

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. X

9. Name and Address of Current Registered Agent

FOTOPULOS, THOMAS E
315 EAST MADISON STREET
SUITE 1000
TAMPA FL 33602

10. Name and Address of New Registered Agent

84. FL

11. Thomas E. Fotopulos 6-13-95

12.

D
LEVISON, STEVEN S
8206 REGENTS COURT
UNIVERITY PARK FL 34201

D
LEVISON, CYNTHIA A
8206 REGENTS COURT
UNIVERITY PARK FL 34201

D
LEVISON, DANIEL R
2725-C HIDDEN LAKE BLVD.
SARASOTA FL 34237

13.

Vice President
Levison, Dan
4101 Winners Circle #113 Sarasota, FL 34238

14.

SIGNATURE: Steven S. Levison 6-13-95 813-953-2679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

CR2E034 (395)

0110549 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT
CORPORATION
ANNUAL REPORT

1995

DOCUMENT # **P94000067745 (7)**

N

JONATHAN ROSE GOURMET BAGEL, CORP.

4121 COCOPLUM CIRCLE COCONUT CREEK FL 33063	4121 COCOPLUM CIRCLE COCONUT CREEK FL 33063

3 09/12/1994

4 FEI Number 65-0543284 — Applied For / Not Applicable

5 **$8.75** Additional Fee Required

6 **$5.00** May Be Added to Fees

8 ✓

9. Name and Address of Current Registered Agent

CAROSELLA, JOHN
4121 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

84 **FL** 85

12.
D
CAROSELLA, JOHN
4121 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

13.

14.

SIGNATURE: J. Carosella John Carosella 6/20/95 305 974-2352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0026096 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000068037 (8)

N

1. KJW DEVELOPMENT, INC.

1060 MAITLAND CENTER COMMONS
MAITLAND FL 32751

1060 MAITLAND CENTER COMMONS
MAITLAND FL 32751

3. 09/08/1994

4. 59-3282374

Suite 410

Suite 410

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRAHAM, JESSE E
369 N NEW YORK AVE
THIRD FLOOR
WINTER PARK FL

10. Name and Address of New Registered Agent

FL

12.

D
WAGNER, RICHARD T
611 LAKE CATHERINE DR
MAITLAND FL 32751

D
WAGNER, MARGIE S
611 LAKE CATHERINE DR
MAITLAND FL 32751

13.

14.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. WAGNER, PRES.

6/13/95

(407)660-0220

0042778 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P94000068295 (2)

1. Corporation Name

BON FOR BONES, INC.

Principal Place of Business: 1497 FOREST HILL BLVD. WEST PALM BEACH FL 33406

Mailing Address: 1497 FOREST HILL BLVD. WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1994
3a. Date of Last Report
4. FEI Number: 65-0529166 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $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 | Suite, Apt. # etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

HAIMBERG, JOSEPH
1495 FOREST HILL BLVD.
SUITE C
WEST PALM BEACH FL 33406

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAMAR R. DREIFUSS, DIRECTOR, 1495 FOREST HILL BLVD. #C, WEST PALM BEACH, FL 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, ELIZABETH M. STERLING, 1495 FOREST HILL BLVD. #C, WEST PALM BEACH, FL 33406
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. (Each entry: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition; all blank)

CR2E034 (3/95)

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: M. Elizabeth Sterling — 6-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
M. ELIZABETH STERLING

0002200 CP