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 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069723 (2)

1. Corporation Name

TRACTOPARTS - ARCADIA, INC.

Principal Place of Business	Mailing Address
2115 S.E. HIGHWAY 70 ARCADIA FL 33821	2115 S.E. HIGHWAY 70 ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report:

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: 65-0530958 ☐ 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
WALDRON, EUGENE E JR. 124 N. BREVARD AVENUE ARCADIA FL 33821	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 5-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ALBERT J	1.2 NAME	
STREET ADDRESS	ROUTE 7, BOX 278X	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ANABEL	2.2 NAME	
STREET ADDRESS	ROUTE 7, BOX 278X	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ______ Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/15/95 Daytime Phone: (813) 494-7440

0447376 FP

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000069937 (8)

1. Corporate Name

HIGHLAND AUTO CENTER & RESTORATION, INC.

Principal Place of Business	Mailing Address
500 S HIGHLAND CENTER MT DORA FL 32757	500 S HIGHLAND CENTER MT DORA FL 32757

FILED
1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report:

4. FEI Number: 59-3277396 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, FREDERICK R 500 S HIGHLAND CENTER MT DORA FL 32757	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, FREDERICK R	1 NAME	
STREET ADDRESS	500 S HIGHLAND CENTER	1 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL 32757	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 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: Frederick R [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95 — Date
904-383-6511 — Daytime Phone #

0042072 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # P94000070424 (4)

1. YAMU JAPANESE RESTAURANT, INC.

Principal Place of Business: 3910 NE 22ND AVE, LIGHTHOUSE POINT FL 33064

Mailing Address: 3910 NE 22ND AVE, LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified: 09/22/1994

3a. Date of Last Report:

4. FEI Number: 65-0519389 — 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

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country

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

8. This corporation is liable for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

YAMUSENOR, ABDULLATIF
3910 NE 22ND AVE
LIGHTHOUSE POINT FL 33064

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	DPST
NAME	YAMUSENOR, ABDULLATIF
STREET ADDRESS	3910 NE 22ND AVE
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064

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(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: A. [signature] Yamusenor   5-15-95   305-786-1991

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

ABDULLATIF YAMUSENOR

010309 CP

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1995

DOCUMENT # P94000071257 (7)

EL TALLER PUBLISHING COMPANY

1275 BANCHORY LN
SARASOTA FL 34237

1275 BANCHORY LN
SARASOTA FL 34237

3. 09/28/1994

4. 59-3269627 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

21 1277 TALLEVAST RD
22
23 SARASOTA, FL
24 34243 25 ~~SARASOTA~~ MANATEE

26 1277 TALLEVAST RD
27
28 SARASOTA, FL
29 34243 30 MANATEE

9. Name and Address of Current Registered Agent

SEGRETI, ADAM G
1275 BANCHORY LN
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81
82
83
84 FL 85

11.

12.

PT
SEGRETI, ADAM G
1275 BANCHORY LN
SARASOTA FL 34237
VS
SEGRETI, BETH A
1275 BANCHORY LN
SARASOTA FL 34237

13.

14.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR

5/11/95 813-358-9933

0343017 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

... MAR 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000072064 (6)

1. Corporate Name

SCOT MICHAEL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4801-9 JOG ROAD LAKE WORTH FL	4801-9 JOG ROAD LAKE WORTH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:
4. FEI Number: 65 052-6165 — 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, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address — 26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

COHEN, JEFFREY SCOT
4801-9 JOG ROAD
LAKE WORTH FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	President [ ] Change [ ] Addition
NAME	COHEN, JEFFREY SCOT	1 NAME	
STREET ADDRESS	4801-9 JOG ROAD	1 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0492047 IN