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 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070854 (2)

1. Corporation Name

MANAGEMENT TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5899 WESTBOROUGH COURT NAPLES FL 33962	5899 WESTBOROUGH COURT NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1994
3a. Date of Last Report
4. FEI Number: 65-0522730 — 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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	P	TITLE	Vice President (V) ☐ Change ☑ Addition
NAME	LEONARD, MICHAEL C	NAME	Barry Beek
STREET ADDRESS	5899 WESTBOROUGH COURT	STREET ADDRESS	1217 Sombrero Blvd
CITY-ST-ZIP	NAPLES FL 33962	CITY-ST-ZIP	Marathon FL 33050
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	
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 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: Barry Beek Barry Beek 5/1/95 813-743-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 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 FILED

DOCUMENT # P94000071184 (3)

1. Corporation Name

AFFORDABLE LANDSCAPE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1230 SW 4 AVE FT LAUDERDALE FL 33315	1230 SW 4 AVE FT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

4. FEI Number: 65-0531664 ☐ 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

ARCHER, JILL
1230 SW 4 AVE
FT LAUDERDALE FL 33315

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 617.0502, 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	TITLE	☐ Change ☐ Addition
NAME	ARCHER, JILL	NAME	
STREET ADDRESS	1230 SW 4 AVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	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	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 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 or on an attachment with an address.

SIGNATURE: Jill Archer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0223695 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 12 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State

DOCUMENT # **P94000071985 (3)**

1. Corporate Name

JABBERWALK, INC.

Principal Place of Business	Mailing Address
3092 ALOMA AVENUE SUITE 215 WINTER PARK FL 32792	3092 ALOMA AVENUE SUITE 215 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:

4. FEI Number: 59-3270704 — 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 3092 Aloma Ave	26 Same
Suite, Apt. #, etc. 22 # 215	Suite, Apt. #, etc. 27 # 215
City & State 23 Winter Park, Fl.	City & State 28 Winter Park, Fl.
Zip 24 32792 County 25 Orange	Zip 29 32792 County 30 Orange

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	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
TITLE: P NAME: PONDER, ROBERT A STREET ADDRESS: 3092 ALOMA AVENUE, SUITE 215 CITY-ST-ZIP: WINTER PARK FL 32792	TITLE: V.P ☐ Change ☒ Addition NAME: Ponder, Virginia C STREET ADDRESS: 3092 Aloma Ave., Suite 215 CITY-ST-ZIP: Winter Park, Fl. 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: Virginia C. Ponder Virginia C. Ponder 5/10/95 357-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0047678 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

DOCUMENT # P94000071990 (3)

WAXTREE, INC.

3092 ALOMA AVENUE SUITE 205
WINTER PARK FL 32792

3092 ALOMA AVENUE, SUITE 205
WINTER PARK FL 32792

3. 09/30/1994

2. Principal Office Address	2a. Mailing Address	
21 3092 Aloma Ave	26 3092 Aloma Ave	4. FEI Number 59-2409183
22 Suite 205	27 Suite 205	5. Certificate of Status Desired — $8.75 Additional Fee Required
23 Winter Park, Fl.	28 Winter Park, Fl.	6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
24 32792 25 Orange	29 32792 30 Orange	8. Florida Statutes X

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address
83
84 City FL 85 Zip Code

11.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
PONDER, ROBERT A
3092 ALOMA AVENUE, SUITE 205
WINTER PARK FL 32792

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

VP X Addition
Ponder, Virginia C
3092 Aloma Ave., Suite 205
Winter Park, Fl. 32792

14.

SIGNATURE: Virginia C. Ponder Virginia C. Ponder 5/10/95 357-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0047863 CP

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 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072497 (8)

1. Corporation Name

COLLINS MEDICAL TRANSCRIPTION, INC.

Principal Place of Business	Mailing Address
8431 NW 172ND ST HIALEAH FL 33015	8431 NW 172ND ST HIALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0520660 — 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
COLLINS, REBECCA L 8431 NW 172ND ST HIALEAH FL 33015	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
TITLE: D NAME: COLLINS, REBECCA L STREET ADDRESS: 8431 NW 172ND ST CITY-ST-ZIP: HIALEAH FL 33015	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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: Rebecca L. Collins - PRESIDENT — 5/16/95 — (305) 828-7202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 19 PM 10:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000072655 (1)

1. Corporate Name
LA MER ENTERPRISES, INC.

Principal Place of Business
402 APPELROUTH LN
KEY WEST FL 33040

Mailing Address
402 APPELROUTH LN
KEY WEST FL 33040

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report:

2. Principal Office Address: 21 111 Duval St
22 Suite, Apt. #:
23 City & State: Key West FL
24 Zip: 33040
25 Country: USA

2a. Mailing Address: 26 210 Duval St
27 Suite, Apt. #:
28 City & State: Key West FL
29 Zip: 33040
30 Country: USA

4. FEI Number: 65-0530062 — 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 is liable for intangible tax under s. 199.032, Florida Statutes. Yes / X No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWNING, MICHAEL L 402 APPELROUTH LN KEY WEST FL 33040	81 Name: Judith Greenberg 82 Street Address (P.O. Box Number is Not Acceptable): 3742 Eagle Ave 83 ~~Key West~~ 84 City: Key West 85 FL Zip Code: 33040

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: [signature] 5/14/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: JEAN, ELI STREET ADDRESS: 402 APPELROUTH LN CITY-ST-ZIP: KEY WEST FL 33040	TITLE: Director + President — X Change / Addition NAME: Eli Jean STREET ADDRESS: 12079 NW FIRST ST CITY-ST-ZIP: CORAL Springs FL 33071
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: Director - VP/Sec/Treas — Change / X Addition NAME: Judith Greenberg STREET ADDRESS: 3742 Eagle Ave CITY-ST-ZIP: Key West FL 33040
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Change / Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Change / Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Change / Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Change / Addition

14. I hereby certify that the information supplied with this filing ... complies with the requirements of Chapter 607, Florida Statutes; ... that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/14/95 305 294 7497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000083 CP