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 2:33
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000075407 (4)

1. Corporate Name
JARH, INC.

Principal Place of Business: 6170 N.W. 76TH COURT, PARKLAND FL 33067
Mailing Address: 6170 N.W. 76TH COURT, PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1800 Eller Drive
Suite, Apt. # etc.
22 Suite 100
City & State
23 Fort Lauderdale FL
Zip: 24 33316 Country: 25 USA

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

4. FEI Number: 65-0531023 — 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. ... Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PEARLMAN, JANICE
6170 NORTHWEST 76TH
PARKLAND FL 33067

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 Section 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	DP
NAME	PEARLMAN, JANICE
STREET ADDRESS	6170 N.W. 76TH COURT
CITY-ST-ZIP	PARKLAND FL 33067
TITLE	DST
NAME	PEARLMAN, HARVEY
STREET ADDRESS	6170 N.W. 76TH COURT
CITY-ST-ZIP	PARKLAND FL 33067
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

(Six blank entries, each: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

14. I/We 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 Janice Pearlman — 4/24/95 (305) 753-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date / Daytime Phone

0111067 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

TALLAHASSEE, FLORIDA

DOCUMENT # P94000075919 (8)

1. Corporation Name

BTW INC.

Principal Place of Business	Mailing Address
1622 N.E. 4TH STREET BOYNTON BEACH FL 33435	1622 N.E. 4TH STREET BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report:

4. FEI Number: FEI-65-0526304 — Applied For / Not Applicable

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

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

TOMBERG, JEFF ESQ.
626 S.E. 4TH AVENUE
BOYNTON BEACH FL 33435

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 607.0502/617.0502, 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, Chapter 607/617, Florida Statutes.

SIGNATURE X

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	TOMBERG, JEFF
STREET ADDRESS	626 S.E. 4TH STREET
CITY-ST-ZIP	BOYNTON BEACH FL 33435

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; six blank entries)

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)(a), 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

0263881 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

DOCUMENT # P94000076452 (9)

1. Corporate Name

MAGIC WAND MAINTENANCE, INC.

APPROVED AND FILED

95 ... PM 2:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4260 NORTHWEST 192 STREET MIAMI FL 33055	4260 NORTHWEST 192 STREET MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1994

4. FEI Number: 65-0528072 — 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33132

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL Zip Code:

11.

12. OFFICERS AND DIRECTORS

P
SALAS, CARMEN U
4260 NORTHWEST 192 STREET
MIAMI FL 33055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

0100371 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

DOCUMENT # P94000076632 (6)

1. Corporation Name

MICHAEL TSCHADA, INC.

Principal Place of Business	Mailing Address
7500 N.W. 30TH PLACE, SUITE 306 SUNRISE FL 33313	7500 N.W. 30TH PLACE, SUITE 306 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

4. FEI Number: 65-0529903 — 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
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

TSCHADA, MICHAEL
7500 N.W. 30TH PLACE, SUITE 306
SUNRISE FL 33313

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	TSCHADA, MICHAEL
STREET ADDRESS	7500 N.W. 30TH PLACE, SUITE 306
CITY-ST-ZIP	SUNRISE FL 33313
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		
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		

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 — 4-10-95 Date

0221990 CP

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CORPORATION ANNUAL REPORT 1995

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

FILED
95 ... PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076919 (7)

1. Corporation Name
HUMAN RESOURCE EFFECTIVENESS, INC.

Principal Place of Business
11283 161ST ST. NORTH
JUPITER FL 33478

Mailing Address
11283 161ST ST. NORTH
JUPITER FL 33478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

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

2a. Mailing Address
26 6230 W. INDIANTOWN RD
Suite, Apt. #, etc.
27 SUITE # 7-312
City & State
28 JUPITER
29 Zip 33458 | 30 County PALM BEACH

4. FEI Number: 65-0521910 ☐ 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 paid its intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEFFER, KRISTINA F
11283 161 ST. NORTH
JUPITER FL 33478

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

TITLE	D
NAME	STEFFER, KRISTINA F
STREET ADDRESS	11283 161 ST. NORTH
CITY-ST-ZIP	JUPITER FL 33478
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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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(1)(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 Kristina F. Steffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/8/95 Date
(407) 746-3137 Daytime Phone #

0439566 FP

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 ... 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077028 (6)**

1. Corporation Name
A PERFECT FINISH, INC.

Principal Place of Business	Mailing Address
3114 WEST BURKE ST TAMPA FL 33614	3114 WEST BURKE ST TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7500 Ulmerton Rd.	26
Suite, Apt. #, etc 22 #2	Suite, Apt. #, etc 27
City & State 23 Largo, FL	City & State 28
Zip 24 34641 / Country 25 USA	Zip 29 / Country 30

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:
4. FEI Number: 59-3275838 ☐ 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

JORDAN, LOIS A
3114 WEST BURKE ST.
TAMPA FL 33614

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: ______ (Signature, typed or printed name of registered agent) ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	JORDAN, LOIS A
STREET ADDRESS	3114 WEST BURKE ST.
CITY, ST, ZIP	TAMPA FL 33614
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		
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and ... 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 i... 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 empowe... 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: Lois Ann Jordan, President — 4/8/95 — (813)530-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC... — Date — Daytime Phone #
LOIS ANN JOR... N

0443100 FP

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

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077336 (3)**

1. Corporate Name
B & E PRODUCTIONS, INC.

Principal Place of Business
8857 SANDUSKY AVENUE SOUTH
JACKSONVILLE FL 32216

Mailing Address
POST OFFICE BOX 16592
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report:

4. FEI Number: 59-3275864 ☐ 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

BENNETT, TERESA F
8857 SANDUSKY AVENUE SOUTH
JACKSONVILLE FL 32216

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	PSTD	1. TITLE	☐ Change ☐ Addition
NAME	BENNETT, TERESA F	1. NAME	
STREET ADDRESS	8857 SANDUSKY AVENUE SOUTH	1. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	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: Teresa F. Bennett Teresa F. Bennett / President 4-22-95 (904) 721-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0407302 FP