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 -1 AM 9:11
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080841

1. Corporation Name
NATIONWIDE 900 , INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Nov 3, 1994
3a. Date of Last Report: NEW

2. Principal Place of Business
21 501 N Beneva Rd
22 Suite, Apt #, etc: SUITE 550
23 City & State: SARASOTA , FL
24 Zip: 34232
25 Country:

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

4. FEI Number: 65 0537384 — 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 XX

9. Name and Address of Current Registered Agent

LAWERENCE J SPIEGEL
343 Almeria Ave
Coral Gables FL 33134

10. Name and Address of New Registered Agent

81 Name: CHRISTOPHER P. KAZOR
82 Street Address (P.O. Box Number is Not Acceptable): 501 N Beneva Rd
83 Suite 550
84 City: Sarasota FL
85 Zip Code: 34232

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: Christopher P Kazor 5/10/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Robert F Valestra
STREET ADDRESS	11306 Blackbart dr
CITY-ST-ZIP	Riverview FL 33569
TITLE	Sec/Tres
NAME	Christopher P Kazor
STREET ADDRESS	12824 Tallowood Dr
CITY-ST-ZIP	Riverview , FL 33569
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME	500001501119	
23 STREET ADDRESS	-05/30/95--01030--005	
24 CITY-ST-ZIP	****200.00 ****200.00	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 or on an attachment with an address.

SIGNATURE: Christopher P Kazor Sec/Tre — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95 DATE 813 362 3454 DAYTIME PHONE #

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600001501126
-05/30/95--01031--007
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000081559

1. Corporation Name
AUTOSTYLES, INC.
300 N. BLVD. E.
LEESBURG, FL 34748

Principal Place of Business | Mailing Address

SAME

3. Date Incorporated or Qualified: 11-7-94
3a. Date of Last Report: N/A
4. FEI Number: 59-3276629 ☐ 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
1
Suite, Apt. #, etc.
2
City & State
3
Zip
4
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

DAVID CROWE
5210 INDRIO ROAD
FT. PIERCE, FL 34951

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 DAVID CROWE [signature] Pres. 4-15-95
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	P/D
NAME	DAVID CROWE
STREET ADDRESS	5210 INDRIO ROAD
CITY-ST-ZIP	FT. PIERCE, FL 34951
TITLE	S/D
NAME	DEBORAH CROWE
STREET ADDRESS	5210 INDRIO ROAD
CITY-ST-ZIP	FT. PIERCE, FL 34951
TITLE	V/D
NAME	CURTIS CROWE
STREET ADDRESS	300 N. BLVD. E.
CITY-ST-ZIP	LEESBURG, FL 34748
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	REMITTED BY MAY 1	☐ 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: [signature] 4-15-95 904 365 5539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #