FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APR
FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082856 (3)

1. Entity Name

SARDINIA CORPORATION

Principal Street Address

9130 WILES RD. 302
CORAL SPRINGS FL 33067

Mailing Address

9130 WILES RD. 302
CORAL SPRINGS FL 33067

Document Will Be Filed In This SPACE

3. Date Incorporated / Qualified: 11/14/1994

3a. Date of Last Report:

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: 65-0537029 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. # or

27 Suite, Apt. # or

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

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip | 25 County

29 Zip | 30 County

8. This corporation has/will have, for corporate tax under § 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORANI, NAZIMUDDIN
9130 WILES RD, 302
CORAL SPRINGS 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(s) 607.1005, 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. The corporation is qualified to do business in Florida and the street address of the registered office and the registered agent, as changed, will be identical. I am familiar with and accept the obligations of Section(s) 607.0505, Florida Statutes.

SIGNATURE: [signature] 04.10.95

12. OFFICER AND/OR DIRECTORS

Title
NAME: NAZIMUDDIN MORANI
Street Address: 8742, NW 50TH DR. (P)
City-State-Zip: CORAL SPRINGS FL 33067

13. ADDITIONS / CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate. For profit corporations only: I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: [signature] 04.10.95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

0110012 CP

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1995

APPROVED

DOCUMENT # P94000083756 (4)

VORTEX MEDICAL, INC.

1330 15TH STREET APT. 4
MIAMI BEACH FL 33139

1330 15TH STREET APT. 4
MIAMI BEACH FL 33139

3. 11/16/1994

21 700 85 STREET
22 APT. 8
23 MIAMI BEACH, FL
24 33141 25 U.S.A.

26 700 85 STREET
27 APT. 8
28 MIAMI BEACH, FL
29 33141 30 U.S.A.

4. G S 053477 2

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MANZANO, JEANINE
1330 15TH STREET APT. 4
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: JEANINE MANZANO
82 Street Address: 700 85 STREET
83 APT. 8
84 City: MIAMI BEACH FL 85 Zip Code: 33141

11. JEANINE A MANZANO 2/24/95

12.

PD
MANZANO, JEANINE A
1330 15TH STREET APT. 4
MIAMI BEACH FL 33139

STD
MANZANO, ERNEST C
1330 15TH STREET APT. 4
MIAMI BEACH FL 33139

13. ADDITIONAL CHANGE(S) OR ADDITION(S) OF OFFICER, AND/OR DIRECTOR(S)

700 85 STREET APT 8
MIAMI BEACH, FL 33141

700 85 STREET APT 8
MIAMI BEACH, FL 33141

14.

SIGNATURE: JEANINE A MANZANO 2/24/95 305 861-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0147026 CR

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084292 (9)

1. Corporation Name
WALTER'S ACCOUNTING AND TAX SERVICE, INC.

Principal Place of Business	Mailing Address
6845 STATE RD. 54 NEW PORT RICHEY FL 34653	6845 STATE RD. 54 NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1994
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: 59-3289661 ☐ 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
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: Angeline M. Walter 82 Street Address (P.O. Box Number is Not Acceptable): 6845. S.R. 54 83 84 City: New Port Richey FL 85 Zip Code: 34653

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: Angeline M. Walter 4/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1 TITLE	☐ Change ☐ Addition
NAME	WALTER, WILLIAM D	12 NAME	
STREET ADDRESS	6845 S.R. 54	13 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: William D. Walter 4/24/95 813-848-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0372385 CP