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 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088241 (2)

1. Corporate Name
COLONIAL ASSOCIATES, INC.

Principal Place of Business
1734 DEL HAVEN DRIVE
DELRAY BEACH FL 33483

Mailing Address
1734 DEL HAVEN DRIVE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report:

4. FEI Number: 65-053 8332 — [ ] 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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29 County: 25 / 30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

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: EUGENE J. SADKOWSKI
82 Street Address (P.O. Box Number is Not Acceptable): 500 N.E. SPANISH RIVER BLVD #209
83
84 City: BOCA RATON FL 85 Zip Code: 33431

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: E. J. Sadkowski — 5/11/95
(Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARRUW, JACK
STREET ADDRESS	1734 DEL HAVEN DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33483
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(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Jack Barruw — 5/18/95 — 407-272-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0277092 CP

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AND
FILED

CORPORATION
ANNUAL REPORT
1995

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089099 (3)

1. Entity Name

PATRICK S. COUSINS, P.A.

Principal Place of Business	Mailing Address
HISTORICAL BLDG. 224 DATURA ST 11TH FLOOR WEST PALM BEACH FL 33401	HISTORICAL BLDG. 224 DATURA ST 11TH FLOOR WEST PALM BEACH FL 33401

(Do Not Write in This Space)

3. Date Incorporated or Qualified: 12/07/1994

3a. Date First Began to Transact Business:

2. Principal Office Address — 21

2a. Mailing Address — 26

4. FEI Number: 65-0553942 — Applied For / Not Applicable

Suite, Apt. # or Bldg. — 22 / 27

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

City & State — 23 / 28

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

Zip — 24 — County — 25 / Zip — 29 — County — 30

8. This corporation has taken the election under S. 1361.06, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COUSINS, PATRICK S HISTORICAL BLDG. 224 DATURA ST. 11TH FLOOR WEST PALM BEACH FL 33401	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 607.0501, and 607.1908, 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 required if changing the registered agent's address or appointing a new registered agent.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE BELOW)	
31 Title	D	41 Title	☐ Change ☐ Addition
32 Name	COUSINS, PATRICK S	42 Name	
33 Street Address	HISTORICAL BLDG. 224 DATURA ST. 11TH FLOOR	43 Street Address	
34 City, St, Zip	WEST PALM BEACH FL 33401	44 City, St, Zip	
35 Title		45 Title	☐ Change ☐ Addition
36 Name		46 Name	
37 Street Address		47 Street Address	
38 City, St, Zip		48 City, St, Zip	
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
41 Street Address		51 Street Address	
42 City, St, Zip		52 City, St, Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City, St, Zip		56 City, St, Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City, St, Zip		60 City, St, Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City, St, Zip		64 City, St, Zip	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: Patrick S. Cousins — 5/15/95 — 407-835-1727

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

0438024 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # P94000089362 (5)

1. Entity Name

AKHI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4900 GULF BLVD. ST. PETERSBURG BEACH FL 33706	4900 GULF BLVD. ST. PETERSBURG BEACH FL 33706

DO NOT WRITE IN THIS SPACE

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

21 Principal Place of Business
22 State, Country & Postal Code
23 City & State
24 Zip Code
25 Country

26 Mailing Address
27 State, Country & Postal Code
28 City & State
29 Zip Code
30 Country

4. FEI Number: 59-3286446 — 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. Does corporation owe any Florida taxes? ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENKRANZ, STANLEY W 201 E. KENNEDY BLVD. SUITE 1000 TAMPA FL 33602	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 607.1501, 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 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. OFFICER(S) AND DIRECTOR(S)	13. ADDITIONAL CHANGE(S) TO OFFICER(S) AND DIRECTOR(S)
D LAKHANI, ABDUL M 65 KERRIGAN CR. UNIONVILLE, ONTARIO, CANADA	D, V ☑ Change ☐ Addition
D KANJI, SAMIRA 8 HARPERS CROFT UNIONVILLE, ONTARIO, CANADA	DELETE ☐ Change ☐ Addition
D LAKHANI, KARIM 31 BRANTWOOD COURT UNIONVILLE, ONTARIO, CANADA	DELETE ☐ Change ☐ Addition
	D, P, T, S NIZAR LAKHANI 4900 GULF BLVD ST PETERSBURG BEACH FL 33706 ☐ Change ☑ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 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 in Block 12 or Block 13 with an address, with an asterisk, or on an attachment with an asterisk.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nizar Lakhani, President

3/2/95 (Date)

813-360-7011 (Daytime Phone #)

0307120 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # P94000090139 (4)

1. M & M INSTALLERS, INC.

APPROVED AND FILED

FLORIDA

Principal Address	Mailing Address
49 SILVER SPRING DR KEY LARGO FL 33037	49 SILVER SPRING DR KEY LARGO FL 33037

3. Date of Incorporation or Qualification: 12/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2349 NW 147 Street
22
23 OPA Locka FL
24 33054 25 DADE

2a. Mailing Address
26 2349 NW 147 Street
27
28 OPA Locka FL
29 33054 30 DADE

4. FEI Number: 65-0547087 — 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. Does corporation own real property in Florida? Yes / No

9. Name and Address of Current Registered Agent

MESA, MARCO
49 SILVER SPRING DR
KEY LARGO FL 33037

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 607.0505, Florida Statutes, the above named corporation submits the 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. OFFICER AND/OR DIRECTOR

DPTS
MESA, MARCO
49 SILVER SPRING DR
KEY LARGO FL 33037

13. ADDITION, CHANGE OR DELETION AND/OR TYPE OF

Change / Addition

14. I hereby certify that the information supplied with this report is accurate and that this report complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the officers and directors listed on this annual report or reinstatement report are the only persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: Marco Mesa . Marco Mesa 5/16/95 305 628 4701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0117731 CP