FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000091184 (9)

1. Corporate Name

NATIVE CARE, INC.

Principal Place of Business: 3209 SE OTIS LN, PORT ST LUCIE FL 34984-6504

Mailing Address: 3209 SE OTIS LN, PORT ST LUCIE FL 34984-6504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1994

3a. Date of Last Report: N/A

4. FEI Number: 65-0541524 — ☐ Applied For ☐ Not Applicable

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

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

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 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BRYDEBELL, DONALD M
3209 SE OTIS LN
PORT ST LUCIE FL 34984-6504

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	BRYDEBELL, DONALD M
STREET ADDRESS	3209 SE OTIS LN
CITY-ST-ZIP	PORT ST LUCIE FL 34984-6504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ 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(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: DMB Donald M Brydebell 5/6/95 (407) 336 1884

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

0383938 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA ANNUAL REPORT

1995

DOCUMENT # **P94000091431 (4)**

THE CLOSING TABLE, INC. OF ORLANDO

Principal Place of Business:
2170 WEST STATE ROAD 434
SUITE 302
LONGWOOD FL 32779

Mailing Address:
2170 WEST STATE ROAD 434
SUITE 302
LONGWOOD FL 32779

FILED
95 MAY 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **12/16/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: **59-3292954** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Rt. (22) / (27)

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

City & State (23) / (28)

6. [illegible] ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SMITH, KATHRYN L
2170 WEST STATE ROAD 434
SUITE 302
LONGWOOD FL 32779

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 607.0501 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: [illegible] (DATE)

12. OFFICERS AND DIRECTORS		13. Additional Officers and/or Director Changes
TITLE	PD	☐ Change ☐ Addition
NAME	FURMAN, HOWARD MARK	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	STD	☐ Change ☐ Addition
NAME	FURMAN, SUSAN T	
STREET ADDRESS	1200 SOUTH PINE ISLAND ROAD, SUITE 220	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VPD	☐ Change ☐ Addition
NAME	SMITH, KATHRYN L	
STREET ADDRESS	2170 WEST STATE ROAD 434	
CITY-ST-ZIP	LONGWOOD FL 32779	
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/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: [signature] Kathryn L. Smith 5-13-95 (407)788-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003231 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

APPROVED

DOCUMENT # **P94000091594 (9)**

1. Current Name
QUALITY FISHING PRODUCTS INC.

Principal Place of Business
8294 N.W. 24THG STREET
CORAL SPRINGS FL 33065

Mailing Address
8294 N.W. 24THG STREET
CORAL SPRINGS FL 33065

FILED
PALM BEACH COUNTY, FLORIDA

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **12/16/1994**
3a. Date of Last Report:

4. FEI Number: **65-0542269** ☐ Applied For ☐ Not Applicable

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

6. Electronic Computer Equipment Used ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.03, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PERKINS, JAMIE
8294 N.W. 24TH STREET
CORAL SPRINGS FL 33065

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 607.0501, and 617.1905, 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 (Typed or Printed Name of Registered Agent) (If Registered Agent is an entity, list name and title of authorized person) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND/OR AGENTS (Enter Type)
Title	PTD	1 Title ☐ Change ☐ Addition
Name	PERKINS, JAMIE	1 Name
Street Address	8294 N.W. 24TH STREET	1 Street Address
City-St-Zip	CORAL SPRINGS FL 33065	1 City-St-Zip
Title	SVD	2 Title ☐ Change ☐ Addition
Name	PERKINS, TERRIE	2 Name
Street Address	8294 N.W. 24TH STREET	2 Street Address
City-St-Zip	CORAL SPRINGS FL 33065	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/We hereby certify that the information supplied with this filing is true and accurate and that my/our 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: Jamie Perkins 05/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

(407) 361 96 17
(Telephone Number)

0000290 FP