

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

INCORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

DOCUMENT # **P94000091795 (2)**

55 MAY - 1 PM 11:20

**IVES NORTH, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                   |                     |                                                   |  |                                               |  |
|-----------------------------------|---------------------|---------------------------------------------------|--|-----------------------------------------------|--|
| 1. Principal Office               |                     | 2a. Mailing Address                               |  | 3. Date of Incorporation / 3a. Date of Report |  |
| 8181 NW 14TH ST<br>MIAMI FL 33126 |                     | 8181 NW 14TH ST<br>MIAMI FL 33126                 |  | 12/20/1994                                    |  |
| 21. State of Incorporation        | 26. State of Report | 4. Filing Number                                  |  | Agent Fee                                     |  |
| FL                                | FL                  | 65-0541693                                        |  | Not Applicable                                |  |
| 22. U.S. State                    | 27. U.S. State      | 5. Certificate of Status Desired                  |  | \$8.75 Additional Fee Required                |  |
| FL                                | FL                  | <input type="checkbox"/> <input type="checkbox"/> |  |                                               |  |
| 23. U.S. State                    | 28. U.S. State      | 6. Fee for Certificate of Status                  |  | \$5.00 May Be Added to Fees                   |  |
| FL                                | FL                  | <input type="checkbox"/> <input type="checkbox"/> |  |                                               |  |
| 24. U.S. State                    | 25. U.S. State      | 29. U.S. State                                    |  | 30. U.S. State                                |  |
| FL                                | FL                  | FL                                                |  | FL                                            |  |

|                                                                                |  |                                                        |  |  |  |
|--------------------------------------------------------------------------------|--|--------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                                |  | 10. Name and Address of New Registered Agent           |  |  |  |
| CORPORATION INFORMATION SERVICES INC.<br>1201 HAYS ST.<br>TALLAHASSEE FL 32301 |  | 81. Name: <b>JOEL LEVY</b>                             |  |  |  |
|                                                                                |  | 82. Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                                                                |  | 83. <b>8181 N.W. 14TH STREET</b>                       |  |  |  |
|                                                                                |  | 84. City: <b>MIAMI</b> FL 85. Zip: <b>33126</b>        |  |  |  |

11. I, the undersigned, being duly sworn, depose and say that the above named corporation submits the statement for the purpose of changing its registered agent as shown above, and that the change of registered agent was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent.

Signature: *Joel Levy* Date: **MARCH, 1995**

| 12. Name                                                      | 13. Name | 14. Name | 15. Name | 16. Name | 17. Name | 18. Name | 19. Name | 20. Name | 21. Name | 22. Name | 23. Name | 24. Name | 25. Name | 26. Name | 27. Name | 28. Name | 29. Name | 30. Name |  |
|---------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| P<br>ADLER, MICHAEL M<br>8181 N.W. 14TH ST.<br>MIAMI FL 33126 |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
| V<br>LEVY, JOEL<br>8181 N.W. 14TH ST.<br>MIAMI FL 33126       |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
| S<br>ADLER, HERBERT<br>8181 N.W. 14TH ST.<br>MIAMI FL 33126   |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
|                                                               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
|                                                               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
|                                                               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
|                                                               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
|                                                               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |
|                                                               |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |  |

14. I, the undersigned, do hereby certify that the information supplied with this filing is complete, correct, and true, and that I qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information was obtained from the proper report or supplementary annual report or from other sources and that the corporation shall have the same kept on file in accordance with the provisions of the corporation's articles of incorporation or the resolution of the board of directors, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes, and that the corporation is subject to the provisions of Chapter 199, Florida Statutes.

SIGNATURE: *Joel Levy* **Joel Levy** 4/28/95 (305)590-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

RENEWAL FEE  
ANNUAL FEE  
**1995**



DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

DOCUMENT # **P94000091915 (6)**

12/20/1994 10:30

**FURNITURE FIXER OF JACKSONVILLE, INC.**

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

4215 SOUTHPPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32216

4215 SOUTHPPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

|    |                            |    |                   |    |                        |                                                                     |                                |
|----|----------------------------|----|-------------------|----|------------------------|---------------------------------------------------------------------|--------------------------------|
| 21 | 10730 Losco Junction Drive | 25 | Main Address      | 4  | Telephone Number       | 3a                                                                  | Date of Incorporation          |
| 22 | 4439 Sunbeam Road          | 27 | Alternate Address | 5  | Number of Shares Owned |                                                                     | \$8.75 Additional Fee Required |
| 23 | Jacksonville, FL           | 28 | City & State      | 6  | Number of Directors    |                                                                     | \$5.00 May Be Added to Fees    |
| 24 | 32257                      | 29 | Zip Code          | 30 | Florida Statutes       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|                                                                                                         |  |  |  |                                              |                                                    |    |          |
|---------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|----|----------|
| 9. Name and Address of Current Registered Agent                                                         |  |  |  | 10. Name and Address of New Registered Agent |                                                    |    |          |
| SCHNEIDER, MICHAEL N<br>4215 SOUTHPPOINT BLVD.<br>100 NATIONAL FINANCIAL BLDG.<br>JACKSONVILLE FL 32216 |  |  |  | 81                                           | Name                                               |    |          |
|                                                                                                         |  |  |  | 82                                           | Street Address (P.O. Box Number is Not Acceptable) |    |          |
|                                                                                                         |  |  |  | 83                                           | City                                               |    |          |
|                                                                                                         |  |  |  | 84                                           | FL                                                 | 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.01 and 607.02 of the 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, officers, or agent except the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01 of the Florida Statutes.

SIGNATURE: \_\_\_\_\_

|                            |                                                                                |                            |                                 |
|----------------------------|--------------------------------------------------------------------------------|----------------------------|---------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                                                | 13. OFFICERS AND DIRECTORS |                                 |
| NAME                       | D/P<br>TRUDEAU, WALTER<br>10730 LOSCO JUNCTION DRIVE<br>JACKSONVILLE FL 32257  | NAME                       |                                 |
| NAME                       | D/A/S<br>TRUDEAU, KELLY<br>10730 LOSCO JUNCTION DRIVE<br>JACKSONVILLE FL 32257 | NAME                       |                                 |
| NAME                       | D/V<br>HOWELL, RANDY<br>10730 LOSCO JUNCTION DRIVE<br>JACKSONVILLE FL 32257    | NAME                       | 12815 Bay Dr<br>Lusby, MD 20657 |
| NAME                       | D/S/T<br>HOWELL, JUDY<br>10730 LOSCO JUNCTION DRIVE<br>JACKSONVILLE FL 32257   | NAME                       | 12815 Bay Dr<br>Lusby, MD 20657 |
| NAME                       |                                                                                | NAME                       |                                 |
| NAME                       |                                                                                | NAME                       |                                 |
| NAME                       |                                                                                | NAME                       |                                 |

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and correct for the incorporation stated in Section 607.01 of the Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report as 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 and that my name or address is authorized to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report or supplemental report as follows:

SIGNATURE: ✓ *Walter Trudeau* **Walter Trudeau** 4-27-95 704-260-1563