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 11 AM 10:57
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000093500 (4)

1. Corporation Name

ADVANCED TECHNICAL SERVICES OF POMPANO INC.

Principal Place of Business	Mailing Address
4100 NO. POWERLINE ROAD STE. U-4 POMPANO BEACH FL 33073	4100 NO. POWERLINE ROAD STE. U-4 POMPANO BEACH FL 33073

3. Date Incorporated or Qualified: 12/27/1994
3a. Date of Last Report:

4. FEI Number: 65-0549159 — Applied For / Not Applicable

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

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

MAGLIATO, ROBERT
4100 NO. POWERLINE ROAD STE. U-4
POMPANO BEACH FL 33073

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 [signature]
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAGLIATO, ROBERT
STREET ADDRESS	22480 MARTELLA AVENUE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	D
NAME	JAHODA, CAROL
STREET ADDRESS	22480 MARTELLA AVENUE
CITY-ST-ZIP	BOCA RATON FL 33433
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

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		☐ 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)(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] Robert Magliato V-Pres. — 5-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **P94000093877 (6)**

1. Corporate Name

MADEIRA PRINTING, INC.

Principal Place of Business	Mailing Address
213-150TH AVE MADEIRA BEACH FL 33708	213-150TH AVE MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1994** | 3a. Date of Last Report:

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

4. FEI Number: 59-3391096 ☐ Applied For ☐ Not Applicable

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

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

8. The 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
VAN HOVEN, DANIEL L 213-150TH AVE MADEIRA BEACH FL 33708	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 617.1508 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 (Required if this is a change of registered agent. Registered agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	D/P	1. TITLE	☐ Change ☐ Addition
NAME	VAN HOVEN, ABRAM	1. NAME	
STREET ADDRESS	15527 REDINGTON DR	1. STREET ADDRESS	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	1. CITY-ST-ZIP	
TITLE	D/VP/SEC.	2. TITLE	☐ Change ☐ Addition
NAME	VAN HOVEN, JUNE	2. NAME	
STREET ADDRESS	15527 REDINGTON DR	2. STREET ADDRESS	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	2. CITY-ST-ZIP	
TITLE	D	3. TITLE	☐ Change ☐ Addition
NAME	VAN HOVEN, FAITH A	3. NAME	
STREET ADDRESS	15527 REDINGTON DR	3. STREET ADDRESS	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	3. CITY-ST-ZIP	
TITLE	D/T	4. TITLE	☐ Change ☐ Addition
NAME	VAN HOVEN, DANIEL L	4. NAME	
STREET ADDRESS	7260 - 60TH AVE NORTH	4. STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	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 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 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 above, or on an attachment with an address.

SIGNATURE: X Valerie M Van Hoven — DATE — Valerie M Van Hoven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0003402 FP