FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 AM 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S01997 (3)

1. THERI, INC.

Principal Place of Business: 184 W BALFOUR DR. MARCO ISLAND FL 33937

Mailing Address: 184 W BALFOUR DR. MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1990

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0216141

$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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HAUSLER, GARY J.
601 ELDKCAM CIRCLE
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

FL

12. OFFICERS AND DIRECTORS

D
JANNEAU, HENRI
184 W BALFOUR DR.
MARCO ISLAND FL

D
JANNEAU, THIERESE
184 W BALFOUR DR.
MARCO ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Therese Janneau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THERESE JANNEAU

813-394-7577

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S02120** **(1)**

1. Corporate Name
ANJLI CORPORATION

Principal Place of Business: SUNSHINE TRAVEL, 142 GRANADA BOULEVARD, ORMOND BEACH FL 32176

Mailing Address: SUNSHINE TRAVEL, 142 GRANADA BOULEVARD, ORMOND BEACH FL 32176

3. Date Incorporated / Qualified: 09/07/1990
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3019879 — 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 [X]

2. Principal Place of Business — 21 Street; 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

9. **Name and Address of Current Registered Agent**

PATEL, RANJNA K.
130 OLD MILL RUN
ORMOND BEACH FL 32174

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[ ] Change [ ] Addition
NAME	ISHWAR, NARAN	
STREET ADDRESS	281 N. ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	[ ] Change [ ] Addition
NAME	DIPAK, JOBALIA	
STREET ADDRESS	846 RIVERSIDE DR	
CITY-ST-ZIP	ORNOMD BCH FL	
TITLE	D	[ ] Change [ ] Addition
NAME	MOHAN, BHOOLA	
STREET ADDRESS	1055 N. HALIFAX DR	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	[ ] Change [ ] Addition
NAME	BHARTI, NARAN	
STREET ADDRESS	281 N. ATLANTIC AVE	
CITY-ST-ZIP	ORNOMD BCH FL	
TITLE	D	[ ] Change [ ] Addition
NAME	AMI, JOBALIA	
STREET ADDRESS	846 N. ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE	D	[ ] Change [ ] Addition
NAME	SUMATI, SHOOLA	
STREET ADDRESS	1055 N. HALIFAX DR	
CITY-ST-ZIP	ORNOMD FL	

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, 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: RK Patel — 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0011319 CP

APPROVED AND FILED

95 MAY -1 PM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **S02473** **(4)**

FREDERICK PEST ELIMINATION, INC.

Principal Place of Business	Mailing Address
1812 RUNNERS WAY NORTH FORT LAUDERDALE FL 33068	1812 RUNNERS WAY NORTH FORT LAUDERDALE FL 33068

3. Date Incorporated or Qualified	09/25/1990
3a. Date of Last Report	05/01/1994
4. FEI Number	65-0219744
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

FREDERICK, LARRY
1812 RUNNERS WAY
NORTH FORT LAUDERDALE FL 33068

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

12. OFFICERS AND DIRECTORS

Title	D
Name	FREDERICK, LARRY
Street Address	1812 RUNNERS WAY
City-St-Zip	N. FT. LAUDERDALE FL

Title	D
Name	FREDERICK, GLENN
Street Address	1812 RUNNERS WAY
City-St-Zip	N. FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 305 941 6525

0111822 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

DOCUMENT # S03511 (0)

1. Corporate Name

PALM CITY TREE FARMS INC.

Principal Place of Business	Mailing Address
% MICHAEL TENNHARD 5750 SW MARTIN HIGHWAY PALM CITY FL 34990 US	PO BOX 1035 PALM CITY FL 34990-1035 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/28/1990	05/01/1994

4. FEI Number: 65-0225053 — ☐ Applied For ☐ Not Applicable

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

2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / 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	10. Name and Address of New Registered Agent
TENNHARD, MICHAEL 5750 SW MARTIN HWY PALM CITY FL 34990	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	TENNHARD, MICHAEL	1.2 NAME	
STREET ADDRESS	4530 SW BOATRAMP RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404716 FP

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CORPORATION ANNUAL REPORT

1995

DOCUMENT # S03537 (5)

FILED
95 MAY -1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Corporate Name
BLEACHERS SPORTS PUB, INC.

Principal Place of Business	Mailing Address
10478 ROOSEVELT BLVD N ST PETERSBURG FL 33716	10478 ROOSEVELT BLVD N ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3035771 — 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

2. Principal Place of Business — 21 Street Address — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCLEOD, PHILIP A. 300 1 AVE S #401 ST PETERSBURG FL 33701	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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	[✓] Change [ ] Addition
NAME	VOSS, NEEL	NAME	
STREET ADDRESS	6490 CP HATTERAS WAY NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	33702
TITLE	D	TITLE	[✓] Change [ ] Addition
NAME	HAIGHT, VAUGH	NAME	Delete
STREET ADDRESS	1858 BRIGHTWATERS	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, 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: Neel F. Voss, PRES. — 4/20/95 — (813)576-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0311993 CP