FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # S15076 (0)

1. EMBERS INTERNATIONAL, INC.

7027 W. BROWARD BLVD STE 382 PLANTATION FL 33317	7027 W. BROWARD BLVD STE 382 PLANTATION FL 33317

3. 11/29/1990
3a. 04/26/1994
4. FEI Number: 65-0234864 — Applied For / Not Applicable
5. $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

STERN, GLORIA G. ESQ.
LAW OFFICE OF PAT SCHUB
700 S.E. 3RD AVE., #404
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

84 FL 85

12. OFFICERS AND DIRECTORS

P
STERN, JEFFREY
7027 W. BROWARD BLVD 382
PLANTATION FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

Change / Addition

14. I hereby certify that the information supplied with this filing, pursuant to Florida Statutes, is true and accurate and that this electronic 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 with an address.

SIGNATURE: Jeffrey R Stern 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR

0237361 CP

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
MAY
1995

FILED
95 MAY -1 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S15651** **(0)**

1. Corporation Name

COLONY SQUARE CORPORATION II

Principal Place of Business	Mailing Address
18167 US HWY 19 N. STE. 660 CLEARWATER FL 34624 US	18167 US HWY 19 N. STE. 660 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1990**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-3037233** ☐ 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 applied to be audited as an "exempt" entity pursuant to s. 125.045, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON R KELLEY 18167 US HWY 19 NORTH SUITE 300 CLEARWATER FL 34624	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 of New Registered Agent, if changed) _____ (Signature of Current Registered Agent or President and Secretary) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DP	1 TITLE	☐ Change ☐ Addition
2 NAME	JOHNSON, R. K	2 NAME	
3 STREET ADDRESS	18167 US HWY 19 N., #660	3 STREET ADDRESS	
4 CITY-ST-ZIP	CLEARWATER FL	4 CITY-ST-ZIP	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
2 NAME	JOHNSON, RICHARD C.	2 NAME	
3 STREET ADDRESS	18167 US HWY 19 N., #660	3 STREET ADDRESS	
4 CITY-ST-ZIP	CLEARWATER FL	4 CITY-ST-ZIP	
1 TITLE	DS	1 TITLE	☐ Change ☐ Addition
2 NAME	EZELL, NEIL	2 NAME	
3 STREET ADDRESS	18167 US HWY 19 N., #660	3 STREET ADDRESS	
4 CITY-ST-ZIP	CLEARWATER FL	4 CITY-ST-ZIP	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
2 NAME	JOHNSON, BETTY K.	2 NAME	
3 STREET ADDRESS	18167 US HWY 19 N., #660	3 STREET ADDRESS	
4 CITY-ST-ZIP	CLEARWATER FL	4 CITY-ST-ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY-ST-ZIP		4 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 if changed, or on an attachment with an address.

SIGNATURE: R. Kelley Johnson — April 28, 1995 — 813-530-5522

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

0350414 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY

DOCUMENT # **S15658** **(5)**

1. Corporate Name
COLONY SQUARE CORPORATION I

Principal Place of Business	Mailing Address
18167 US HWY 19 N. STE. 660 CLEARWATER FL 34624 US	18167 US HWY 19 N. STE. 660 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1990**	3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59-3036890**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 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 authority to engage in business in Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON R KELLY 18167 US HWY 19 NORTH SUITE 300 CLEARWATER FL 34624	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 (if this statement is for a corporation, this signature must be that of a director) (if this statement is for an LLC, this signature must be that of a member or manager) (if this statement is for a limited partnership, this signature must be that of a general partner) (if this statement is for a registered agent, this signature must be that of the registered agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	EZELL, NEIL	12 NAME	
STREET ADDRESS	18167 US HWY 19 N., #660	13 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	14 CITY, ST, ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, R. KELLEY	22 NAME	
STREET ADDRESS	18167 US HWY 19 N., #660	23 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RICHARD C.	32 NAME	
STREET ADDRESS	18167 US HWY. 19 N., #660	33 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately 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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: RKJ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Kelley Johnson

April 28, 1995 — Date
813-530-5522 — Daytime Phone #

0058400 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S15663 (5)

1. Corporation Name
CAPE CORAL BUILDING CORPORATION

Principal Place of Business	Mailing Address
18167 US HWY 19 N. STE 660 CLEARWATER,F L 34624 US	18167 US HWY. 19 N #660 CLEARWATER,F L 34624 US

DO NOT WRITE IN THIS SPACE

FILED
1995
APR ... AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3036942 ☐ 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 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

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

JOHNSON, R. K
18167 US HWY 19 NORTH
SUITE 300
CLEARWATER FL 34624

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSON, R. K
STREET ADDRESS	18167 US HWY 19 N., #660
CITY-ST-ZIP	CLEARWATER FL
TITLE	DS
NAME	EZELL, NEIL
STREET ADDRESS	18167 US HWY 19 N. #660
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	JOHNSON, RICHARD C.
STREET ADDRESS	18167 US HWY 19 N., #660
CITY-ST-ZIP	CLEARWATER FL
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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Kelley Johnson

April 28, 1995 (Date) 813-530-5522 (Daytime Phone #)

0356429 CP

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

9[illegible] PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S15666** **(8)**

1. Corporation Name

GATEWAY CROSSING CORPORATION

Principal Place of Business	Mailing Address
18167 US HWY 19 NORTH **SUITE 300** **CLEARWATER FL 34624**	**18167 US HWY. 19 N.** **STE. 660** **CLEARWATER FL 34624** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1990**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3037352**	☐ 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 authority for manatee tax under S. 379.357, Florida Statutes ☐ Yes ☐ No	

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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KELLEY, JOHNSON R
18167 US HWY 19 NORTH
SUITE 300
CLEARWATER FL 34624

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

(Typed or printed name of person signing) (Title of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DS	01 TITLE	☐ Change ☐ Addition
02 NAME	EZELL, NEIL	02 NAME	
03 STREET ADDRESS	18167 US HWY 19 N., STE. 660	03 STREET ADDRESS	
04 CITY ST ZIP	CLEARWATER FL	04 CITY ST ZIP	
05 TITLE	DP	05 TITLE	☐ Change ☐ Addition
06 NAME	JOHNSON, R. KELLEY	06 NAME	
07 STREET ADDRESS	18167 US HWY 19 N., STE. 660	07 STREET ADDRESS	
08 CITY ST ZIP	CLEARWATER FL	08 CITY ST ZIP	
09 TITLE	D	09 TITLE	☐ Change ☐ Addition
10 NAME	JOHNSON, RICHARD C.	10 NAME	
11 STREET ADDRESS	18167 US HWY. 19 N., STE. 660	11 STREET ADDRESS	
12 CITY ST ZIP	CLEARWATER FL	12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 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: RK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Kelley Johnson

April 28, 1995 (Date) 813-530-5522 (Daytime Phone)

0360303 CP