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 -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28276 (1)

1. Corporate Name
SILVERCREST REALTY GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9400 SEMINOLE BLVD SEMINOLE FL 34642 US	9400 SEMINOLE BLVD. SEMINOLE FL 34642 US

3. Date Incorporated or Qualified: 01/30/1991
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3048596 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, DAVID R.
9400 SEMINOLE BLVD.
SEMINOLE FL 34642

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 607.0403 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	
11 TITLE	V	11 TITLE	☐ Change ☐ Addition
12 NAME	TAUE, PHOEBE	12 NAME	DELETE
13 STREET ADDRESS	426 HARBORVIEW LN	13 STREET ADDRESS	
14 CITY ST ZIP	LARGO FL	14 CITY ST ZIP	
21 TITLE	V	21 TITLE	☐ Change ☐ Addition
22 NAME	TAUE, SAUL	22 NAME	DELETE
23 STREET ADDRESS	426 HARBORVIEW LN	23 STREET ADDRESS	
24 CITY ST ZIP	LARGO FL	24 CITY ST ZIP	
31 TITLE	V	31 TITLE	☐ Change ☐ Addition
32 NAME	HAWKINS, ROGER	32 NAME	
33 STREET ADDRESS	7500 39 ST S10	33 STREET ADDRESS	
34 CITY ST ZIP	ST PETERSBURG FL	34 CITY ST ZIP	
41 TITLE	V	41 TITLE	☐ Change ☐ Addition
42 NAME	COPY, ED	42 NAME	
43 STREET ADDRESS	7193 17 WAY N	43 STREET ADDRESS	
44 CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	
51 TITLE	V	51 TITLE	☐ Change ☐ Addition
52 NAME	FRANKLIN, JANA	52 NAME	
53 STREET ADDRESS	8360 144TH LANE, N.	53 STREET ADDRESS	
54 CITY ST ZIP	SEMINOLE FL	54 CITY ST ZIP	
61 TITLE	V	61 TITLE	☐ Change ☐ Addition
62 NAME	CAMP, PAUL J.	62 NAME	
63 STREET ADDRESS	9110 1ST ST., N.	63 STREET ADDRESS	
64 CITY ST ZIP	ST. PETERSBURG FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing 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 with an address.

SIGNATURE: [signature] DAVID R. ANDERSON 5/1/95 813 397-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0371434 CP

SilverCrest Realty

528216

Title	V
Name	Alan Riley
Street Add.	302 Bamboo Lane
City-St-Zip	Largo, FL 34640

Title	V
Name	Peggy Phillips
Street Add.	3716 McKay Creek Dr
City-St-Zip	Largo, FL 34640

Title	V
Name	Robert Fitzgerald
Street Add.	6238 Pershing St NE
City-St-Zip	St Petersburg, FL 33702

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CORPORATION ANNUAL REPORT **1995**

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

AMENDED AND FILED

DOCUMENT # **S28977** **(4)**

SEP -1 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

APIZZA CRUST ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12515 N KENDALL DR SUITE 304 MIAMI FL 33186	12515 N KENDALL DR SUITE 304 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1991	3a. Date of Last Report: 05/01/1994
21 2. Principal Place of Business	26 2a. Mailing Address
4. FEI Number: 65-0246513	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 County	29 Zip / 30 County
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

POWERS, DOLPHUS
12515 N KENDALL DR
SUITE 304
MIAMI FL 33186

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 607.0502 and 607.1008, 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. OFFICER AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
11 TITLE	PD	☐ Change ☐ Addition
12 NAME	POWERS, DOLPHUS	
13 STREET ADDRESS	12515 N KENDALL DR #304	
14 CITY ST ZIP	MIAMI FL	
21 TITLE	D	☐ Change ☐ Addition
22 NAME	GUANCI, THOMAS F.	
23 STREET ADDRESS	12515 N KENDALL DR #304	
24 CITY ST ZIP	MIAMI FL	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Guanci Thomas Guanci 4/26/95 (305) 749 1058

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

0201902 CP