FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **S29781** **(9)**

1. **FAIRCHILD GRAPHICS INTERNATIONAL, INC.**

Principal Address	Mailing Address
7707 N. UNIVERSITY DRIVE STE. 105 TAMARAC FL 33321 US	7707 N. UNIVERSITY DRIVE STE. 105 TAMARAC FL 33321 US

3. Date Incorporated or Qualified: 02/06/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0243645 — 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

2. Principal Address / 2a. Mailing Address

21	10976 No. DANBURY WAY	26	10976 No. DANBURY WAY
22		27	
23	BOCA RATON FL	28	BOCA RATON FL
24	33498 (25) USA	29	33498 (30) US

9. Name and Address of Current Registered Agent

LEIGHTON, RONA
81-10 N.W. 91ST TERRAVE
TAMARA FL 33321

LEIGHTON, RONA
10976 NO. DANBURY WAY
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name: LEIGHTON, RONA
82 Street Address (P.O. Box Number is Not Acceptable): 10976 NO. DANBURY WAY
83 P
84 City: BOCA RATON FL 85 Zip Code: 33498

11. [illegible fine print — registered agent acceptance statement, Florida Statutes]

SIGNATURE: Rona Leighton — RONA LEIGHTON

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
P LEIGHTON, ERIC 81-10 NW 91 TERR. TAMARAC FL	P (Change) LEIGHTON, ERIC 222 HARMON COVE TOWERS SECAUCUS, NJ 07094
VP LEIGHTON, RONA 81-10 NW 91 TERR. TAMARAC FL	VP (Change) LEIGHTON, RONA 10976 NO. DANBURY WAY BOCA RATON, FL 33498

14. [illegible fine print — certification statement, Florida Statutes]

SIGNATURE: Rona Leighton — RONA LEIGHTON 5/5/95 407-451-0759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0229781 CP

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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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...9:15

...STATE ...FLORIDA

DOCUMENT # **S29792** **(6)**

1. Corporate Name

AM PHOTOGRAPHIC DESIGN, INC.

Principal Place of Business	Mailing Address
2122 W. 62 STREET ~~BAY 19~~ HIALEAH FL 33016 US	2122 W 62 STREET ~~BAY 19~~ HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2122 W.62 Street	26 2122 W.62 Street
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Hialeah Florida	City & State 28 Hialeah, Florida
Zip 24 33016 / Country 25 USA	Zip 29 33016 / Country 30 USA

3. Date Incorporated or Qualified: 02/06/1991
3a. Date of Last Report: 06/28/1994
4. FEI Number: ~~59-3060182~~ 65-0190018 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DARMANIN, AL.
2122 W. 62 STREET
BAY 19
HIALEAH FL 33016

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: DARMANIN, AL
STREET ADDRESS: 2122 W. 62 STREET
CITY-ST-ZIP: HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries)

14. [illegible]

SIGNATURE: [signature] 5/9/95 [signature]

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

0087936 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 15 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S30735 (2)

1. Corporate Name

AA ALL FLORIDA INSURERS, INC.

Principal Place of Business	Mailing Address
1401 CORTEZ ROAD UNIT 130 BRADENTON FL 34207	P. O BOX 720715 SOUTH FLORIDA FL 33082 US

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) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/08/1991

3a. Date of Last Report: 07/14/1994

4. FEI Number: 65-0241169 — 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

9. Name and Address of Current Registered Agent

MOONEY, JOE
17801 4TH CT., S.W.
PEMBROKE PINES FL 33029

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	D
NAME	MOONEY, JOE
STREET ADDRESS	17801 4TH CT., S.W.
CITY-ST-ZIP	PEMBROKE PINES FL
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
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 the 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 the 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

5/1/95 — Date

(305) 496-3731 — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **S30971** **(3)**

1. Corporation Name
JBX DESIGNS, INC.

Principal Place of Business: P.O. BOX 4279, GAINESVILLE FL 32613, US

Mailing Address: P.O. BOX 4279, GAINESVILLE FL 32613, US

2. Principal Place of Business
21 P.O. Box 520
22
23 Boynton Beach, FL
24 33425-0520 25 USA

2a. Mailing Address
26 P.O. Box 520
27
28 Boynton Beach, FL
29 33425-0520 30 USA

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0247367 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
6. This corporation has satisfied its intangible tax under ... Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent
BOUDREAUX, JOHN
3007 NW 43RD AVE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
81 Name: John Boudreaux
82 Street Address (P.O. Box Number is Not Acceptable): 191 SE 27th Pl.
83
84 City: Boynton Beach FL 85 Zip Code: 33435

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE [signature] John Boudreaux 5/2/95

12. OFFICERS AND DIRECTORS

Title	DPS
Name	BOUDREAUX, JOHN
Street Address	P.O. BOX 4279 N/A
City-St-Zip	GAINESVILLE FL
Title	T
Name	BOUDREAUX, JOHN
Street Address	P.O. BOX 4279 N/A
City-St-Zip	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	DPS	[X] Change [ ] Addition
Name	John Boudreaux	
Street Address	P.O. Box 520 NA	
City-St-Zip	Boynton Beach, FL 33425	
Title	T	[X] Change [ ] Addition
Name	John Boudreaux	
Street Address	P.O. Box 520 NA	
City-St-Zip	Boynton Beach, FL 33425	

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 ... 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] John Boudreaux 5/2/95 407-375-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stamp: FILED 95 MAY 11 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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