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 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S41195** **(6)**

1. Corporation Name
MICHAEL J. BARNA, INC.

Principal Place of Business
3315 NE 16TH ST
FT LAUDERDALE, 33304

Mailing Address
3315 NE 16TH ST
FT LAUDERDALE, 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1991**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
ZIP
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
ZIP
29 30

4. FEI Number: **65-0000655** ☐ 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 elects to be governed by the provisions of Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BARNA, MICHAEL J.
3315 NE 16TH ST
FT LAUDERDALE FL 33304

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 Section(s) 607.193 and/or 1208 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 607.325 Florida Statutes.

SIGNATURE(S)
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) Date

12. OFFICER AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
31 Title	D	41 Title	☐ Change ☐ Addition
32 Name	BARNA, MICHAEL J.	42 Name	
33 Street Address	3315 NE 16TH ST	43 Street Address	
34 City-State-ZIP	FT LAUDERDALE FL	44 City-State-ZIP	
35 Title		45 Title	☐ Change ☐ Addition
36 Name		46 Name	
37 Street Address		47 Street Address	
38 City-State-ZIP		48 City-State-ZIP	
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
41 Street Address		51 Street Address	
42 City-State-ZIP		52 City-State-ZIP	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City-State-ZIP		56 City-State-ZIP	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City-State-ZIP		60 City-State-ZIP	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City-State-ZIP		64 City-State-ZIP	

14. I do hereby certify that the information supplied with this report is true, complete and accurate. I am executing this report in accordance with Section 607.193(2)(e), 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 this report complies with the requirements of Section 607.193, Florida Statutes. I understand that I am signing under penalties of perjury and that the penalty for signing a false report is a fine of not more than $5,000.00 and imprisonment for not more than 5 years.

SIGNATURE: Michael J. Barna — Michael J. Barna — 5/15/95 — (305) 563 7919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

021000 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

10: 15

STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **S44049** (2)

1. Entity Name

E.N.E. ENTERPRISES, INC.

Principal Office	Mailing Address
~~10 SOUTH ADAMS DRIVE~~ ~~SUITE #2~~ SARASOTA FL ~~34236~~	~~10 SOUTH ADAMS DRIVE~~ ~~SUITE #2~~ SARASOTA FL ~~34236~~

3. Date of Incorporation/Qualification: 04/08/1991

3a. Date of Last Report: 08/03/1994

2. Principal Address	2a. Mailing Address
21 4070 ARROW WAY	26 4070 ARROW WAY
22	27
23 SARASOTA FL	28 SARASOTA FL
24 34233 25 SARASOTA	29 34233 30 SARASOTA

4. FEI Number: 65-0251844 — 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 been and is currently organized and operated for a purpose that is recognized as tax exempt by the Internal Revenue Code: Yes X No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERICSON, LINDA E. ~~10 SOUTH ADAMS DRIVE~~ ~~SUITE #2~~ SARASOTA FL ~~34236~~	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 4070 ARROW WAY 83 84 City: SARASOTA FL 85 Zip Code: 34233

11. Pursuant to the provisions of section 607.1622, Florida Statutes, the undersigned corporation consents to be subject to the jurisdiction of the courts of this state with respect to any matter that may arise against it in this state during any period it fails to appoint or maintain a registered agent in this state. The undersigned corporation further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned corporation further agrees that service of process on the registered agent shall be sufficient service of process on the corporation for all matters for which service of process is provided by Florida Statutes.

SIGNATURE: X Linda E Ericson — 5/20/95

12. Officer and Director Data

P
ERICSON, LINDA E.
4070 ARROW WAY
SARASOTA FL 34233

13. Additional Officer/Director Data

14. To be signed, and the submitted report with the proper fee(s), provided below, must be received, by the Department of State, Division of Corporations, Tallahassee, Florida, on or before May 1, 1995. Failure to file the report on time may result in the revocation of the corporation's charter. Pursuant to Section 607.193, Florida Statutes, the Department of State may revoke the charter of a corporation that fails to file this report. Reinstatement may be available within two years after revocation of the charter. After two years, the name of the corporation may be available for use by other entities. To be reinstated, the corporation must file all reports due during the period of revocation, pay all fees due during the period of revocation, and pay a reinstatement fee. Please see the statute for additional information.

SIGNATURE: X Linda E Ericson — 5/20/95 — 833725362

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — TELEPHONE NUMBER

0341728 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

95 MAY 22 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S45047** **(5)**

1. Corporate Name
RUSSELL CALF INC.

Principal Place of Business
RT 3 BOX 756
BONIFAY FL 32425

Mailing Address
RT 3 BOX 756
BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1991**
3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business
21
State, Apt. # or P.O.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
State, Apt. # or P.O.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-3066122** ☐ 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

RUSSELL, GARY
RT 3 BOX 756
BONIFAY FL 32425

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 607.1905, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS/CHANGES TO OFFICER AND DIRECTOR DATA	
Title	DP	Title	☐ Change ☐ Addition
Name	RUSSELL, GARY A.	Name	
Street Address	ROUTE 3 BOX 756	Street Address	
City-State-Zip	BONIFAY FL	City-State-Zip	
Title	DS	Title	☐ Change ☐ Addition
Name	RUSSELL, DIANE M.	Name	
Street Address	ROUTE 3 BOX 756	Street Address	
City-State-Zip	BONIFAY FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk or an attachment with an asterisk.

SIGNATURE: Gary A. Russell **GARY A. RUSSELL** **5/2/95** **904-547-4588**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0410021 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S45377** **(6)**

1. Current Name
GLENMONT APPLIANCE REPAIR CENTER INC.

Principal Place of Business	Mailing Address
4701 WEST FLAGLER ST. **MIAMI FL 33134**	**4701 WEST FLAGLER ST.** **MIAMI FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/12/1991**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0252582** ☐ Applied For ☐ Not Applicable
State, Apt. # or Suite 22	State, Apt. # or Suite 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & Zip Code 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 25	29 30	8. Incorporated pursuant to chapter [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORTES, RAUL
4701 W. FLAGLER ST.
MIAMI FL 33134

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 [illegible] 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 that position as provided for in Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-Z)
Title: DP Name: CORTES, RAUL Address: 4701 W. FLAGLER ST. City-St-Zip: MIAMI FL	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition
Title Name Address City-St-Zip	☐ Change ☐ Addition

14. I declare that the statements made in this report are true, correct and complete. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or amending authorization to transact business in Florida is a third degree felony as provided for in section [illegible] Florida Statutes. I further certify that the corporation named in this report has complied with the applicable provisions of Florida Statutes regarding the delivery of process for service of process within Florida, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: [signature] 3/15/95 305 [illegible]2987

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0139014 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
95 MAY 22 PM 10:23
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S45668 (8)

1. Corporation Name
NEW SOUTHERN ELECTRIC, INC.

Principal Place of Business
6038 SHEELIN DR
NEW PORT RICHEY FL 34653

Mailing Address
P. O. BOX 233
PORT RICHEY FL 34673
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1991
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-3062693 — 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 11341 STANSBERRY DR.
Suite, Apt. #, etc.
22 PORT RICHEY, FL
City & State
23 34668
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
SASSO, NICHOLAS
6038 SHEELIN DR
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11341 STANSBERRY DRIVE
83 PORT RICHEY,
84 City FL 85 Zip Code 34668

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

TITLE	PD
NAME	SASSO, NICHOLAS
STREET ADDRESS	6038 SHEELIN DR
CITY-ST-ZIP	NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[✓] Change [ ] Addition
11341 STANSBERRY DRIVE
PORT RICHEY, FL 34668

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: NICHOLAS SASSO PRES/DIR 5.17.95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date / Daytime Phone # (813) 843-0883

0480763 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-23-95 B- 68168 C

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

APPROVED AND FILED

MAY 23 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S45927 (8)

1. Entity Name

TEN BEACH DRIVE, INC.

Principal Place of Business

10 BEACH DRIVE N.E.
ST. PETERSBURG FL 33701

Mailing Address

10 BEACH DRIVE NE
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

2. Previous Date of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip / Country
24 25

Zip / Country
29 30

3. Date Incorporated or Qualified: 04/12/1991

3a. Date of Last Report: 01/03/1995

4. FEI Number: 59-3111214 ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ $5.00 May Be Added to Fees

8. Does Corporation have liability for intangible tax under S. 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GEILEN, MICHELLE L.
25 2ND STREET NORTH
SUITE 150
ST. PETERSBURG FL 33703

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 607.1506, 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

TITLE	PTS
NAME	GEILEN, MICHELLE L.
STREET ADDRESS	25 2ND ST N, SUITE 150
CITY-ST-ZIP	ST. PETERSBURG 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. ADDITIONAL OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added to the report with an "X" in Block 11.

SIGNATURE: Michelle L. Geilen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95
Date

823-1247
Daytime Phone #

0003940 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 15 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S46099** **(5)**

1. Corporate Name
11020, INCORPORATED

Principal Place of Business
POST OFFICE BOX 145002
CORAL GABLES FL 33114

Mailing Address
POST OFFICE BOX 145002
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/15/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21

Suite, Apt. # or
22

City, State
23

24 25

2a. Mailing Address
26

Suite, Apt. # or
27

City & State
28

29 30

4. FEI Number: **65-0261189** ☐ 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 been, or elsewhere be under a Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAYMES, KEITH
KEITH HAYMES & ASSOCIATES, P.A.
848 BRICKELL AVE., 12TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: **JAY STEINMAN, ESQ.**
82 Street Address: (P.O. Box Number is Not Acceptable) **100 S.E. 2nd Street**
83 **3500 International Place**
84 City: **Miami** **FL** 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0505 and 607.1908, 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] May 8, 1995

12. OFFICERS AND/OR DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: D
NAME: HAYMES, KEVIN
STREET ADDRESS: 848 BRICKELL AVE S1220
CITY-ST-ZIP: MIAMI FL

13. ADDITIONS, CHANGES, OR DELETIONS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this report, including any attached pages, is true and correct, and that the filing of this report does not apply to the corporation stated in Section 1 of this report. I further certify that the information indicated on this report or supplemental annual report(s) is true and correct and that the signature(s) on this report or supplemental annual report(s) is/are the person(s) authorized to sign 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: [signature] Kevin Haymes
FULL NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

5/1/95 305-379-7900
DATE TELEPHONE #

0420448 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY 27 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **S46537** **(4)**

1. Corporate Name
ARGEN-FLOORS CORPORATION, INC.

Principal Place of Business
P.O. BOX 172208
HIALEAH FL 33017
US

Mailing Address
P.O. BOX 172208
HIALEAH FL 33017
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1991**
3a. Date of Last Report: **05/01/1994**

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

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip
29
County
30

4. FEI Number: **65-0264344**
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 lobbyists as principals as defined in 11.045, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILITELLO, JUAN
6571 SW 34 STREET
MIAMI FL 33155

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 607.325, 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 607.325, Florida Statutes.

SIGNATURE

For Change of Registered Agent or Registered Agent's Address

For Reinstatement

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS
Title	PSTD	☐ Change ☐ Addition
Name	MILITELLO, JUAN	
Street Address	6571 S.W. 34TH STREET	
City-St-Zip	MIAMI FL 33155	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I/We hereby certify that the information supplied with this filing is true and accurate, that this report is submitted at least one business day after the annual report or supplemental annual report to be filed, 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 *Juan Militello* *4/25/95* *(305)273-1950*

SIGNATURE AND TITLE OR PRINTED NAME OF MIAMI OFFICER OR DIRECTOR — Date — Daytime Phone Number

0420067 FP

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
[illegible] PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S46583** **(8)**

1. Corporation Name
AURORA PRECISION METALS, INC.

Principal Place of Business	Mailing Address
325 SW 60TH AVE. OCALA FL 34474	325 SW 60TH AVE. OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1991	3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-3068030	☐ 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 taxable income as defined in s. 220.03(1), 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	10. Name and Address of New Registered Agent
EGAN, THOMAS M. 44 SE 1ST AVENUE OCALA FL 34471	81 Name: Egan, Thomas M. 82 Street Address (P.O. Box Numbers Not Acceptable): 915 SE 17th Street 83 84 City: Ocala, FL 85 Zip Code: 34471

11. Pursuant to the provisions of Section 607.0501, 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 DIRECTOR CHANGES	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
P VERRANDO, MARCEL G., III 2909 SW 16TH PLACE OCALA FL 34474	Director Verrando, Marcel G., III 2909 SW 16th Place Ocala, FL 34474 XX Change ☐ Addition
CT VERRANDO, MARCEL G. 2251 SW 90TH ST. OCALA FL 34474	Drop this name Retired from firm effec 3/94 XX Change ☐ Addition
S VERRANDO, JOAN 2251 SW 90TH ST. OCALA FL 34476	Drop this name Retired from firm effec 3/94 XX Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We 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: [signature] 1/1/95 904-237-6077

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Telephone Number

Marcel G. Verrando, III, Director

0351695 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

FILED
95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47028 (3)

1. Corporate Name
RICHMAN AND COMPANY, INC.

Principal Place of Business:
9130 WILES RD
STE 122
CORAL SPRINGS FL 33067

Mailing Address:
9130 WILES RD
STE 122
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1991
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0257987 — 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 is eligible for exemption under section 607.1622, Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

JENKINS, JIM
9130 WILES ROAD
STE 122
CORAL SPRINGS FL 33067

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	P	TITLE	[ ] Change [ ] Addition
NAME	JENKINS, JIM	NAME	
STREET ADDRESS	9130 WILES RD #122	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	CITY-ST-ZIP	
TITLE	ST	TITLE	[ ] Change [ ] Addition
NAME	DANIELS, DAVID	NAME	
STREET ADDRESS	9130 WILES RD #122	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS 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 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: [signature] 3/1/95 305-574-7960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110827 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
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47228** **(9)**

1. Corporate Name
C.A. PRECISION, INC.

Principal Place of Business
1004 NW 51 PL
FT. LAUDERDALE FL 33311

Mailing Address
1004 NW 51 PL
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1991**
3a. Date of Last Report: **04/20/1994**

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

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Foreign

4. FEI Number: **65-0277910** ☐ 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 is organized pursuant to the Florida Profit Corporation Act, Chapter 607, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTUNEZ, CELIO
101 N.E. 46TH STREET
FT. LAUDERDALE FL 33334

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 607.1908, 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 607.325, Florida Statutes.

SIGNATURE: [signature] 5-19-95
(Typed or printed name and capacity of registered agent) (Date)

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title	D	☐ Change ☐ Addition
Name	ANTUNEZ, CELIO	
Street Address	101 NE 46TH STREET	
City-State-Zip	FT. LAUDERDALE FL	
Title	T	☐ Change ☐ Addition
Name	ANTUNEZ, ANTONIA	
Street Address	101 NE 46 ST	
City-State-Zip	FT. LAUDERDALE FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I/We hereby certify that the information supplied with this filing is true and accurate, and that this report is filed in accordance with 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 above, or on an attachment with an additional blank.

SIGNATURE: [signature] 5-19-95 305. 441.4356.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0216627 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

'95 MAY 10 M10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47315** **(4)**

1. Current Name
SURFSIDE TITLE SERVICES INC.

Principal Street Address	Mailing Address
433 SILVER BEACH AVE. STE 103 DAYTONA BEACH FL 32118 US	433 SILVER BEACH AVE. STE 103 DAYTONA BEACH FL 32118 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **04/22/1991**
3a. Date of Last Report: **04/27/1994**

2. Principal Street Address (21)
2a. Mailing Address (26)
4. FEI Number: **59-3062814** ☐ Applied For ☐ Not Applicable
Suite, Apt. # (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (25) (29) (30)
8. This corporation has intends to be/remains (check one) a small business corporation as defined in section 1244 of the Internal Revenue Code and Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEEGAN BARBARA J 433 SILVER BEACH AVE. STE 103 DAYTONA BEACH FL 32118	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 607.1508, 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 when changing registered agent or registered office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
7 TYPE	DP	17 TYPE	☐ Change ☐ Addition
8 NAME	MEEGAN, BARBARA J.	18 NAME	
9 STREET ADDRESS	433 SILVER BEACH AVE.	19 STREET ADDRESS	
10 CITY ST ZIP	DAYTONA BEACH FL	20 CITY ST ZIP	
11 TYPE		21 TYPE	☐ Change ☐ Addition
12 NAME		22 NAME	
13 STREET ADDRESS		23 STREET ADDRESS	
14 CITY ST ZIP		24 CITY ST ZIP	
15 TYPE		25 TYPE	☐ Change ☐ Addition
16 NAME		26 NAME	
17 STREET ADDRESS		27 STREET ADDRESS	
18 CITY ST ZIP		28 CITY ST ZIP	
19 TYPE		29 TYPE	☐ Change ☐ Addition
20 NAME		30 NAME	
21 STREET ADDRESS		31 STREET ADDRESS	
22 CITY ST ZIP		32 CITY ST ZIP	
23 TYPE		33 TYPE	☐ Change ☐ Addition
24 NAME		34 NAME	
25 STREET ADDRESS		35 STREET ADDRESS	
26 CITY ST ZIP		36 CITY ST ZIP	
27 TYPE		37 TYPE	☐ Change ☐ Addition
28 NAME		38 NAME	
29 STREET ADDRESS		39 STREET ADDRESS	
30 CITY ST ZIP		40 CITY ST ZIP	

14. I hereby certify that the information supplied with this report is accurate and that each officer and director has consented to serve as an officer or director as listed above. I further certify that the addresses listed for the annual report or supplemental annual report of this corporation, pursuant to Section 607.1508, Florida Statutes, are the addresses of the corporation, not the names of the officers, directors or agents. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears in Block 9 or Block 10 above is for the purpose of designating a registered agent, for service of process, for the above named corporation.

SIGNATURE: _____ Barbara J. Meegan 5/18/95 258-3232
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Required) (Date) (Telephone Number)

0000733 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

[illegible] 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S47364** **(2)**

1. Corporation Name
MGA/PALAIS CORPORATION

Principal Place of Business
20725 N.E. 16TH AVENUE #4
N. MIAMI BEACH FL 33179

Mailing Address
20725 N.E. 16TH AVENUE #4
N. MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1991**
3a. Date of Last Report: **06/21/1994**

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

26 2a. Mailing Address
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **65-0266168**
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 was initially incorporated under s. 607.01, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PARDO, JEFFREY J.
5963 BISCAYNE BLVD.
MIAMI FL 33137-2222

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 [illegible], 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. Each 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 [illegible], Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR
D SPANIER, MEL 20725 N.E. 16TH AVE. N. MIMAI BCH. FL	☐ Change ☐ Addition
D WILLIAMS, GORDON 20725 N.E. 16TH AVE. N. MIMAI BCH. FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We 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 12 or Block 13 if changed or added to the report.

SIGNATURE: [signature] 5/6/95 305-652-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186397 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

[illegible] PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S48291** **(6)**

1. Corporate Name
CUSTOM OFFICE PRODUCTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2144 PALM WAY LARGO FL 34641	2144 PALM WAY LARGO FL 34641

3. Date Incorporated or Qualified: **04/26/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 [ ]
Suite, Apt. # or
22 [ ]
City & State
23 [ ]
ZIP
24 [ ]
County
25 [ ]

2a. Mailing Address
26 [ ]
Suite, Apt. # or
27 [ ]
City & State
28 [ ]
ZIP
29 [ ]
County
30 [ ]

4. FEI Number: **59-3063886** [ ] 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 [illegible] for subchapter S taxation under S. 1910.02 Florida Statutes* [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIMMERMAN, STEVE 2144 PALM WAY LARGO FL 34641	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 [illegible] 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 [illegible] Florida Statutes.

SIGNATURE
[illegible] Registered Agent (Required) [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '[illegible]	
01 TITLE	VTD	11 TITLE	[ ] Change [ ] Addition
02 NAME	LYNCH, MICHAEL	12 NAME	
03 STREET ADDRESS	14605 49TH ST N	13 STREET ADDRESS	
04 CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP	
01 TITLE	PSD	21 TITLE	[ ] Change [ ] Addition
02 NAME	ZIMMERMAN STEVE	22 NAME	
03 STREET ADDRESS	14605 49TH ST N	23 STREET ADDRESS	
04 CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP	
01 TITLE		31 TITLE	[ ] Change [ ] Addition
02 NAME		32 NAME	
03 STREET ADDRESS		33 STREET ADDRESS	
04 CITY ST ZIP		34 CITY ST ZIP	
01 TITLE		41 TITLE	[ ] Change [ ] Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		51 TITLE	[ ] Change [ ] Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY ST ZIP		54 CITY ST ZIP	
01 TITLE		61 TITLE	[ ] Change [ ] Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY ST ZIP		64 CITY ST ZIP	

14. I [illegible] certify that the information supplied with this [illegible] voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I 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 added above.

SIGNATURE: [signature] 5·16·95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL [illegible] DATE

0343028 CP