FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

'95 MAY 22 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54920** **(1)**

PROXYFUSION, INC.

2071 S.W. 70TH AVENUE
FORT LAUDERDALE FL 33317-7346

2071 S.W. 70TH AVENUE
FORT LAUDERDALE FL 33317-7346

3. 05/23/1991 — 3a. 04/19/1994

4. FEI Number: 65-0264822 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Certified Copies: X Yes / No

2a. 26 2501 Davie Road
27 Suite 230
28 Ft. lauderdale, FL
29 33317 30

9. Name and Address of Current Registered Agent

LEONARDI, TRAVIS J.
2071 SW 70 AVE
STE G10
DAVIE FL 33317

10. Name and Address of New Registered Agent

81 Blue, Harold
82 Street Address: 2501 Davie Road
83 Suite 230
84 Ft. lauderdale FL 85 33317

11. Harold Blue 5/16/95

12.

D
LEONARDI, TRAVIS
2071 SW 70 AVE, #G10
DAVIE FL
D
SIMAS, KEVIN
2071 SW 70 AVE, #G10
DAVIE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

P — X
VP — X
C/CEO/D — X
Blue, Harold
2501 Davie Road, Suite 230
Ft. lauderdale, FL 33317
T — X
Marks, Bennett
2501 Davie Road, Suite 230
Ft. lauderdale, FL 33317

14.

SIGNATURE: Harold Blue 5/16/95 (305)473-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0227332 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

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S55407 (8)

1. Corporate Name

TANK-NICIANS OF STUART, INC.

Principal Place of Business: 3982 SE COQUINA DR, STUART FL 34997

Mailing Address: 3982 SE COQUINA DR, STUART FL 34997

3. Date Incorporated or Qualified: 05/28/1991

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

4. FEI Number: 65-0262797 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business | 2a. Mailing Address

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

FONTANA, JOSEPH A.
3982 SE COQUINA DR
STUART FL 34997

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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

TITLE	DP
NAME	FONTANA, JOSEPH A.
STREET ADDRESS	3982 SE COQUINA DR
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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(1)(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: Joseph A. Fontana (Pres) JOSEPH A. FONTANA 5-30-95 407-287-324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # S56522 (3)

1. Entity Name
A.G. MEYER PEST CONTROL, INC.

APPROVED
AND
FILED
95 MAR 10 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2520 SE 7 ST. POMPANO FL 33062	2520 SE 7 ST. POMPANO FL 33062

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 05/29/1991
3a. Date of Last Report: 05/24/1994

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 65-0283861	Applied For / Not Applicable
22 Suite, Apt. #	27 Suite, Apt. #	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. Is this corporation now, or has it ever been, a corporation described in Section 617.1902, Florida Statutes?	Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEYER, ANDREW G 2520 SE 7 ST. POMPANO FL 33062	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 607.0501, 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. The above named entity has authorized the undersigned to execute this statement, and to the best of his knowledge and belief, has complied with the provisions of Section 607.0501, Florida Statutes.

(Signature)

12. OFFICER AND DIRECTOR DATA	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR DATA
P MEYER, ANDREW G. 2632 S. E. 10TH COURT POMPANO BEACH FL	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition

14. I further certify that the information supplied with this filing is accurate and that the mandatory fee, if applicable, has been paid. I am aware that false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

SIGNATURE: ANDREW G. MEYER 305-941-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone Number

0103869 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
FILED
95 MAY 22 AM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S56775** **(7)**

1. Entity Name
TYPEFACES, INC.

Principal Office Address
6187 N W 167TH ST
H-13
MIAMI FL 33015
US

Mailing Address
5347 NW 198TH TERRACE
MIAMI FL 33055

PLEASE WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or P.O. Box — 22 / 27
City & State — 23 / 28
Zip — 24 / 25 / 29 / 30

4. FEI Number: **65-0265194** — 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

9. The corporation has any lobbyist as defined in Section 11.045, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

RUOCCO, DAVID
5347 NW 198TH TERRACE
MIAMI FL 33055

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 607.0505, Florida Statutes, the above named entity 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 of New Registered Agent (if changing) — Date

12. OFFICERS AND DIRECTORS

D
RUOCCO, DAVID
5347 NW 198TH TERR
MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)

[ ] Change [ ] Addition

14. I declare, I certify that the information supplied with this filing is complete and accurate. I am executing this document in accordance with Florida Statutes. I further certify that the corporation has paid all fees due the Department of State for this filing, 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 above, or on an attachment with an address.

SIGNATURE: *David Ruocco* — 5-10-95 — (305)826-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID RUOCCO

0108440 CP