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

9:57

TALLAHASSEE, FLORIDA

DOCUMENT # **S76661** **(5)**

1. Corporation Name

FREEMOND PLASTICS, INC.

Principal Place of Business	Mailing Address
5925 SW 21ST ST HOLLYWOOD FL 33023	5925 SW 21ST ST HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/28/1991**

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: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **65-0277013** ☐ 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/will have gross income from business activity which is taxable in Florida (see s. 220.13, Florida Statutes) ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREEMOND, ROBERT
5925 SW 21ST ST
HOLLYWOOD FL 33023

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 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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 (if named herein) and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND/OR DIRECTORS	
01 TITLE	D		☐ Change ☐ Addition
NAME	FREEMOND, ROBERT		
STREET ADDRESS	5925 SW 21ST ST		
CITY ST ZIP	HOLLYWOOD FL		
02 TITLE	D		☐ Change ☐ Addition
NAME	FREEMOND, TERRI		
STREET ADDRESS	5925 SW 21ST ST		
CITY ST ZIP	HOLLYWOOD FL		
03 TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
04 TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
05 TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
06 TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
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 or is otherwise entered with my authority.

SIGNATURE: Robert J. Freemond 5/1/95 (305)963-7444

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

0096449 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

DOCUMENT # **S77570** **(7)**

1. Corporation Name

JACK & JILL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1269 FIRST ST #7 SARASOTA FL 34236 US	1269 FIRST ST #7 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1991**
3a. Date of Last Report: **04/13/1994**

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

4. FEI Number: **65-0295645** ☐ 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	10. Name and Address of New Registered Agent
SHEA, JOHN J., JR. 720 S ORANGE AVE SARASOTA FL 34326	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97	
(31)	PD	(32)	☐ Change ☐ Addition
NAME	DOWD, JACK	NAME	
STREET ADDRESS	1269 1ST ST #7	STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	CITY, ST, ZIP	
(33)	SD	(34)	☐ Change ☐ Addition
NAME	DOWD, JILL	NAME	
STREET ADDRESS	1269 1ST ST #7	STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	CITY, ST, ZIP	
(35)		(36)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
(37)		(38)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
(39)		(40)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
(41)		(42)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

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 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: Jack Dowd 4/28/95 952-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341635 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

DOCUMENT # **S77593** **(9)**

1. Corporate Name

AMERICA'S BEST COMICS AND COLLECTIBLES INC.

Principal Place of Business	Mailing Address
81 SEMINOLA BLVD **CASSELBERRY FL 32707**	**81 SEMINOLA BLVD** **CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/04/1991**	3a. Date of Last Report **04/20/1994**
4. FEI Number **59-3108494**	☐ 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 to transact business in Florida but wishes to be inactive under section 607.1501, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

SKLAR, HOWARD
81 SEMINOLA BLVD.
CASSELBERRY FL 32707

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 607.1502 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: (Corporate officer's signature if registered agent is changing or appointed; registered agent's signature if agent is not changing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: SKLAR, HOWARD STREET ADDRESS: 81 SEMINOLA BLVD. CITY, ST, ZIP: CASSELBERRY FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is complete, accurate 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: Howard Sklar Howard Sklar 5-1-95 4107 6962781

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

0007810 CF

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

05

STATE
FLORIDA

DOCUMENT # **S77705** **(9)**

1. Corporate Name

RICH MASNEY AUTO TRANSPORT, INC.

Principal Place of Business	Mailing Address
8390 NW 53 ST SUITE 300 MIAMI FL 33166	8390 NW 53 ST SUITE 300 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1991**

3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3087204** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 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 liability for intangible tax under § 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASNEY, RICH 880C MAGUIRE RD. OCEEI FL 34761	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(s) 607.1916 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 Registered Agent) (Date) (If Registered Agent is a Corporation, Typed or Printed Name of Officer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-E)	
TITLE	PSD	A. TITLE	☐ Change ☐ Addition
NAME	MASNEY, RICHARD A.	B. NAME	
STREET ADDRESS	880-C MAGUIRE RD	C. STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL	D. CITY-ST-ZIP	
TITLE		E. TITLE	☐ Change ☐ Addition
NAME		F. NAME	
STREET ADDRESS		G. STREET ADDRESS	
CITY-ST-ZIP		H. CITY-ST-ZIP	
TITLE		I. TITLE	☐ Change ☐ Addition
NAME		J. NAME	
STREET ADDRESS		K. STREET ADDRESS	
CITY-ST-ZIP		L. CITY-ST-ZIP	
TITLE		M. TITLE	☐ Change ☐ Addition
NAME		N. NAME	
STREET ADDRESS		O. STREET ADDRESS	
CITY-ST-ZIP		P. CITY-ST-ZIP	
TITLE		Q. TITLE	☐ Change ☐ Addition
NAME		R. NAME	
STREET ADDRESS		S. STREET ADDRESS	
CITY-ST-ZIP		T. CITY-ST-ZIP	
TITLE		U. TITLE	☐ Change ☐ Addition
NAME		V. NAME	
STREET ADDRESS		W. STREET ADDRESS	
CITY-ST-ZIP		X. CITY-ST-ZIP	

14. I (We) hereby certify that the information supplied with this filing is complete, accurate 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 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: Richard A. Masney Richard A. Masney, Pres. (305) 592-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

0182784 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

DO NOT WRITE IN THIS SPACE

DOCUMENT # S78504 (5)

1. Corporation Name

NEW FLORIDA INVESTMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
490 N HARBOR CITY BLVD MELBOURNE FL 32935 US	490 N HARBOR CITY BLVD MELBOURNE FL 32935 US

3. Date Incorporated or Qualified: 09/04/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0280767 — Applied For / Not Applicable

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

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

WOLTER, DAVID A.
4765 CHARING CROSS RD.
SARAOSTA FL 34241

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

TITLE	PD
NAME	UNDERHILL, J. III L
STREET ADDRESS	490 NORTH HARBOR CITY BLVD
CITY-ST-ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition

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: H. J. Underill III — 4/25/95 — 407/242-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000784 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **S78668** **(8)**

1. Corporate Name
ROSEY'S RAGS, INC.

Principal Place of Business	Mailing Address
2466 CASTLEWOOD ROAD MAITLAND FL 32751	4270 STATE ROAD 426 #116 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1991**	3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-3084232**	☐ 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

7. The corporation has initially filed to redomicile this under s. 607.1501, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENBLATT, ROBERT 2466 CASTLEWOOD ROAD MAITLAND FL 32751	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 607.0505 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 changing Registered Agent, Registered Agent must sign) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
2 NAME	ROSENBLATT, ROBERT	2 NAME	
3 STREET ADDRESS	2466 CASTLEWOOD RD.	3 STREET ADDRESS	
4 CITY-ST-ZIP	MAITLAND FL	4 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	ROSENBLATT, JUDITH	22 NAME	
23 STREET ADDRESS	2466 CASTLEWOOD RD.	23 STREET ADDRESS	
24 CITY-ST-ZIP	MAITLAND FL	24 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	
81 TITLE		81 TITLE	☐ Change ☐ Addition
82 NAME		82 NAME	
83 STREET ADDRESS		83 STREET ADDRESS	
84 CITY-ST-ZIP		84 CITY-ST-ZIP	
101 TITLE		101 TITLE	☐ Change ☐ Addition
102 NAME		102 NAME	
103 STREET ADDRESS		103 STREET ADDRESS	
104 CITY-ST-ZIP		104 CITY-ST-ZIP	
121 TITLE		121 TITLE	☐ Change ☐ Addition
122 NAME		122 NAME	
123 STREET ADDRESS		123 STREET ADDRESS	
124 CITY-ST-ZIP		124 CITY-ST-ZIP	

14. I, the undersigned, 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 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 with an address, with an asterisk, or is indicated as the person authorized to execute this report.

SIGNATURE: Robert B. Rosenblatt Robert B. Rosenblatt 4-26-95 407 359-1667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0048132 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

-1 PM 4:21

DOCUMENT # **S78747** **(0)**

1. Corporation Name

ATLANTIC CONSOLIDATORS, INC.

Principal Place of Business	Mailing Address
1805 NW 97TH AVE MIAMI FL 33172 US	1805 NW 97TH AVE MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/05/1991**	3a. Date of Last Report: **02/10/1994**
4. FEI Number: **65-0288931**	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GERMI, ALI 1805 NW 97TH AVE MIAMI FL 33172	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 607.1005, Florida Statutes, the above named corporation submits the 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 DIRECTOR	13. ADDITIONS, CHANGES, DELETIONS AND/OR CORRECTIONS
D GERMI, LARRY 1805 N.W. 97TH AVE. MIAMI FL	☐ Change ☐ Addition
D GERMI, PAULINE 1805 NW 97TH AVE MIAMI FL	☐ Change ☐ Addition
P GERMI, ALI 1805 NW 97TH AVE MIAMI FL	☐ 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 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 address.

SIGNATURE: Ali Germi — 4/25/95 — (305) 591-8380

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

0188005 CP