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: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S89158 (7)

1. Corporate Name
SUNSHINE SKATE EQUIPMENT, INC.

Principal Place of Business	Mailing Address
3711 TAMPA RD #108 OLDSMAR FL 34677	3711 TAMPA RD #108 OLDSMAR FL 34677

3. Date Incorporated or Qualified: 10/22/1991
3a. Date of Last Report: 05/01/1994

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 Country	29 Zip / 30 Country

4. FEI Number: 59-3095379 — 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
KUTCHINS, BRYAN A. 3711 TAMPA ROAD SUITE 103 OLDSMAR FL 34677	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	1 1 TITLE	☐ Change ☐ Addition
NAME	HOAG, CHRISTOPHER P.	1 2 NAME	
STREET ADDRESS	3711 TAMPA RD #108	1 3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	HOAG, CYNTHIA F	2 2 NAME	
STREET ADDRESS	3711 TAMPA RD #108	2 3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher P. Hoag — 4/30/95 — 813-855-2154

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

0365600 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # S89521 (6)

FLORIDA WHOLESALE FUMIGATORS, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
19111 VISTA BAY DR. UNIT 311 INDIAN SHORES FL 34635	19111 VISTA BAY DR. UNIT 311 INDIAN SHORES FL 34635

(DO NOT WRITE IN THIS SPACE)

3. (Date incorporated / qualified) 10/24/1991

3a. Date of Last Report 04/28/1994

4. FEI Number 59-3127934 ☐ 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

MASTERS, SUSAN ALMA
19111 VISTA BAY DR.
UNIT 409
INDIAN SHORES FL 34635

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(s) 607.1007 and/or 617.1908 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(s) Florida Statutes.

SIGNATURE(S)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
DPV MASTERS, MARION NEAL 19111 VISTA BAY DR, #311 INDIAN SHORES FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate, and that such information complies with the requirements of Section(s) 607.1007 and/or 617.1908 Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State for this report 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(s) 607 Florida Statutes; and that my name appears above, or on an attachment with an address.

SIGNATURE: Marion Neal Masters 5-6-95 813-596-0511

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR

MARION NEAL MASTERS

0370902 CP

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CORPORATION ANNUAL REPORT

1995

DOCUMENT # S89627 (1)

TECHNICOMP SYSTEMS, INC.

Principal Place of Business	Mailing Address
202 LAKE POINTE DR #108 FT. LAUDERDALE FL 33309	202 LAKE POINTE DR #108 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0292726

2. Principal Place of Business: 1500 W. Cypress Creek Rd. / Suite 306 / Fort Lauderdale Fl. / 33309 / USA

2a. Mailing Address: 1500 W. Cypress Creek / Suite # 306 / Fort Lauderdale, Fl / 33309 / USA

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

MARKATIA, MOHAMMED AMIN
202 LAKE POINTE DR.
#108
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

PD
MARKATIA, MOHAMMED AMIN
202 LAKE POINTE DR #108
FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. [illegible]

SIGNATURE: M. A. Markatia — 5/5/95 — 305-938 0917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0433048 FP