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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:15

DOCUMENT # **S91555** **(0)**

1. Corporation Name

ROBERT TROUT COMPANY

Principal Place of Business	Mailing Address
235 S.W. 12TH AVE. **BOYNTON BCH. FL 33435** **US**	**235 SW 12TH AVE.** **BOYNTON BCH. FL 33435** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1991**
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: **65-0295399** ☐ 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

MERKLE, WILLIAM R.
110 E ATLANTIC AVE
SUITE 400
DELRAY BEACH FL 33444

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TROUT, VIRGINIA B.	12 NAME	
STREET ADDRESS	235 SW 12 AVE	13 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	COLTON, NANCY H.	22 NAME	
STREET ADDRESS	218 SW 12 AVE	23 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	TROUT, ROBERT E.	32 NAME	
STREET ADDRESS	235 S.W. 12TH AVE.	33 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH. FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Virginia B. Trout Pres. 5/31/95 (407) 736-5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VIRGINIA B. TROUT, PRES.

CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S92216** **(8)**

1. Corporation Name
RAFIK ZARIFA, INC.

Principal Place of Business	Mailing Address
19880 MILAN TERRACE BOCA RATON FL 33434	19880 MILAN TERRACE BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1991**
3a. Date of Last Report: **05/12/1994**

2. Principal Place of Business
21: 2238 UNIVERSITY DR.
22: Suite, Apt. #, etc.
23: City & State: CORAL SPRINGS FL.
24: Zip: 33071
25: Country:

2a. Mailing Address
26: 2238 UNIVERSITY DR.
27: Suite, Apt. #, etc.
28: City & State: CORAL SPRINGS FL.
29: Zip: 33071
30: Country:

4. FEI Number: **65-0316242** ☐ 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

BURNIE, CHARLOTTE J.
2125 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

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 [illegible] (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	PRESIDENT (DP)	☒ Change ☐ Addition
NAME	ZARIFA, LILIANE K. G.	12 NAME	IBRAHIM, KAMAL G.	
STREET ADDRESS	19880 MILAN TERRACE	13 STREET ADDRESS	17947 HAMPSHIRE LN	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	BOCA RATON FL. 33498	
TITLE	DV	21 TITLE	~~LILIANE K.G. ZARIFA~~ VICE PRES (DVP)	☒ Change ☐ Addition
NAME	ZARIFA, NAGUI RODOLF	22 NAME	LILIANE K.G. ZARIFA (DVP)	
STREET ADDRESS	19880 MILAN TERRACE	23 STREET ADDRESS	19357 LOST OAKS LN	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON FL 33498	
TITLE	DST	31 TITLE	SECRETARY, TREASURER (DST)	☒ Change ☐ Addition
NAME	IBRAHIM, KAMAL G.	32 NAME	NAGUI R ZARIFA	
STREET ADDRESS	19880 MILAN TERRACE	33 STREET ADDRESS	19357 LOST OAKS LN	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	BOCA RATON FL 33498	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/95 (Date) 305-753-4653 (Daytime Phone #)

0941002 CP

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92405 (7)

1. Corporation Name
PRINCESS HOMES OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
524 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34953	524 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0294275 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (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) Country (25) Zip (29) Country (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRY, LISA A.
814 S.W. DEL RIO BLVD.
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 152 SW Saratoga Avenue
83 Port St Lucie, FL 34953
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
(Typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11 TITLE	PTS ☒ Change ☐ Addition
NAME	FRY, LISA A.	12 NAME	Fry, Lisa M
STREET ADDRESS	814 S.W. DEL RIO BLVD.	13 STREET ADDRESS	152 SW Saratoga Avenue
CITY ST ZIP	PORT ST. LUCIE FL	14 CITY ST ZIP	Port St Lucie, Fla 34953
TITLE	V	21 TITLE	PTS ☒ Change ☐ Addition
NAME	FRY, STEVEN W.	22 NAME	Fry, Steven W.
STREET ADDRESS	814 SW DE RIO BLVD	23 STREET ADDRESS	152 SW Saratoga Avenue
CITY ST ZIP	PORT ST. LUCIE FL	24 CITY ST ZIP	Port St Lucie, Fla 34953
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
		61 TITLE	☐ Change ☐ Addition
ADDRESS		62 NAME	
ZIP		63 STREET ADDRESS	
		64 CITY ST ZIP	

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(3)(k), 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: _____ 5-31-95 407-340-2574
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE

DOCUMENT # **S92431** **(3)**

1. Corporation Name

AMERICAN LAMINATING & ENGINEERING INDUSTRIES, IN C.

Principal Place of Business	Mailing Address
ONE LAS OLAS CIRCLE SUITE PH4 FORT LAUDERDALE FL 33316 US	ONE LASOLAS CIRCLE SUITE PH4 FORT LAUDERDALE FL 33316 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1991**
3a. Date of Last Report: **07/25/1994**

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

4. FEI Number: **65-0320460** ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDREWS, ANTHONY T.
1 LAS OLAS CIRCLE, PH4
FT. LAUDERDALE, 33316

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 _____
Signature, type(s) and printed name of registered agent and the officer(s) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, ANTHONY T.	12 NAME		
STREET ADDRESS	ONE LAS OLAS CIRCLE, PH4	13 STREET ADDRESS		
CITY ST ZIP	FORT LAUDERDALE FL	14 CITY ST ZIP		
TITLE	~~VSD~~	21 TITLE	V/S	☒ Change ☐ Addition
NAME	ANDREWS, JACQUELINE	22 NAME		
STREET ADDRESS	ONE LAS OLAS CIRCLE PH4	23 STREET ADDRESS		
CITY ST ZIP	FORT LAUDERDALE FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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SIGNATURE: _____ 5/31/95 305 764-7731
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTHONY T. ANDREWS, PRES

0224074 CP