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 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S91703** **(6)**

1. Current Name

INTEGRATED ENVIRONMENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
130 SW 8TH ST. MIAMI FL 33313 US	130 SW 8TH ST. MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1991**
3a. Date of Last Report: **08/08/1994**

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: **65-0296449** ☐ 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 subject for integration tax under § 199.032 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CULPEPPER, CHARLES E JR.
1030 SW 1ST AVE
APT. 24
MIAMI FL 33130

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 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 here.) (If changing registered agent, registered agent must sign here.) Date

12. OFFICERS AND/OR DIRECTORS

Title Name Street Address City-State-Zip	V ~~BURKE, ROBERT D~~ REMOVE ~~520 RAVINE DR.~~ ~~HIGHLAND PARK FL~~
Title Name Street Address City-State-Zip	P CULPEPPER, CHARLES E 1030 SW 1ST STREET MIAMI FL
Title Name Street Address City-State-Zip	
Title Name Street Address City-State-Zip	
Title Name Street Address City-State-Zip	
Title Name Street Address City-State-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

Type of Change: ☐ Change ☐ Addition Title 1. Name 1. Street Address 1. City-State-Zip	REMOVE
Type of Change: ☐ Change ☐ Addition Title 2. Name 2. Street Address 2. City-State-Zip	
Type of Change: ☐ Change ☐ Addition Title 3. Name 3. Street Address 3. City-State-Zip	
Type of Change: ☐ Change ☐ Addition Title 4. Name 4. Street Address 4. City-State-Zip	
Type of Change: ☐ Change ☐ Addition Title 5. Name 5. Street Address 5. City-State-Zip	
Type of Change: ☐ Change ☐ Addition Title 6. Name 6. Street Address 6. City-State-Zip	

14. I declare that I have examined the information supplied with this report, and that to the best of my knowledge the information is true, accurate, and complete. I am familiar with the provisions of Florida Statutes, including the penalties for making false statements in this report. I understand that the submission of this report does not provide me with any evidence of good moral character, professional responsibility, or fitness or capability to practice a profession or conduct business in Florida. I understand 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 X.

SIGNATURE: [signature] May 8, 1995 (305)854-1883

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

0126000 CP

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

APPROVED AND FILED
95 MAY 16 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92634 (2)

1. Corporation Name

JR. 'S CATERING, INC.

Principal Place of Business	Mailing Address
981 SE LANSDOWNE AVE PORT ST LUCIE FL 34952 US	981 SE LANDOWNE AVE PORT ST LUCIE FL 34952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0299040 — 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

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

9. Name and Address of Current Registered Agent

GARAMBONE, GEORGE JR
981 SE LANSDOWNE AVE
PORT ST LUCIE FL 34952

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	P
NAME	GARRAMBONE, GEORGE, JR
STREET ADDRESS	% 8000 S. US HWY 1 #303
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	VST
NAME	GARRAMBONE, SUSAN
STREET ADDRESS	% 8000 S. US HWY 1 #303
CITY-ST-ZIP	PORT ST LUCIE 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
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 the 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: Susan Garrambone 5-11-95 407 878 5841

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

0383434 CP

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1995

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

APPROVED AND FILED

05 MAY 12 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92783** **(7)**

1. Corporate Name

WHOLESALE CANDY DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
10101 GLADES RD SUITE 6158 BOCA RATON FL 33498	10101 GLADES RD SUITE 6158 BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1991**

3a. Date of Last Report: **02/28/1994**

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: **65-0294066** ☐ 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUSKIRK, TRACY
10101 GLADES RD
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City **FL** 05 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 (Required when reinstating, changing registered agent, or changing registered office)

(Required when changing registered agent or registered office or both)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☐ Change ☐ Addition
2 NAME	BUSKIRK, TRACY	2 NAME	
3 STREET ADDRESS	10101 GLADES RD #6158	3 STREET ADDRESS	
4 CITY ST ZIP	BOCA RATON FL	4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
7 STREET ADDRESS		7 STREET ADDRESS	
8 CITY ST ZIP		8 CITY ST ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 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: Tracy Buskirk Tracy Buskirk 5/8/95

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

0201362 CP