FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 23 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **V01049** **(8)**

1. Corporate Name

COMMERCIAL REALTY MANAGEMENT OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
2150 GOODLETTE RD STE 700 NAPLES FL 33940 US	2150 GOODLETTE RD STE 700 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1991
3a. Date of Last Report: 04/13/1994
4. FEI Number: NOT APPLICABLE ☐ 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 liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLUEGEMAN, BRUCE R 2150 GOODLETTE RD STE 700 NAPLES FL 33940	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	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FLUEGEMAN, BRUCE R.	NAME	
STREET ADDRESS	2150 GOODLETTE RD #700	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	STONEBURNER, KEVIN L.	NAME	
STREET ADDRESS	2150 GOODLETTE RD., #700	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, 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: Bruce R Fluegeman 5-18-95 813-431-7667

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

0026875 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
95 MAY 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01518 (2)

1. Corporate Name
SIXCESS, INC.

Principal Place of Business	Mailing Address
525 BAY ISLES PARKWAY #4 AVENUE OF THE FLOWERS LONGBOAT KEY FL 34228 US	525 BAY ISLES PARKWAY #4 AVENUE OF THE FLOWERS LONGBOAT KEY FL 34228 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 06/27/1994
4. FEI Number: 65-0301601 ☐ 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

KING, CLIFFORD M.
1550 RINGLING BLVD.
SARASOTA FL 34236

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 ~~Margaret I Gorelick~~ ~~5/15/95~~
(Signature, typed or printed name of registered agent and title if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GORELICK, MARGARET I.
STREET ADDRESS	1425 GULF OF MEXICO DR
CITY, ST, ZIP	LONGBOAT KEY FL
TITLE	DST
NAME	GORELICK, LEONARD R.
STREET ADDRESS	1425 GULF OF MEXICO DR
CITY, ST, ZIP	LONGBOAT KEY 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)(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: Margaret I Gorelick — 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348580 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED

FLORIDA

DOCUMENT # **V01525** **(7)**

TRI-COUNTY FORKLIFT SERVICE, INC.

1501/1601 NW 22 CT BAY I14 POMPANO BCH FL 33064 US	PO BOX 450852 SUNRISE FL 33345 US

3. 12/20/1991	3a. 04/18/1994
4. FEI Number 65-0303302	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. Florida Statutes	Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 1374 S.E. Huffman Rd.	26 1374 S.E. Huffman Rd.
22	27
23 Port St. Lucie, Fl.	28 Port St. Lucie, Fl.
24 34952 / 25 USA.	29 34952 / 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAMSEY, EARL C., JR. 2420 N. ANDREWS EXTENSION POMPANO BEACH FL 33064	81 Name Ramsey Earl C. Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 1374 S.E. Huffman Rd. 83 84 City Port St. Lucie FL 85 Zip Code 34952

11. Pursuant to the provisions of ... 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. ...

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D RAMSEY, EARL C., JR. 11731 NW 33RD ST. SUNRISE FL	D [X] Change Ramsey, Earl C. Jr. 1897 S.E. Rainier Rd. Port St. Lucie, Fl. 34952

14. I do hereby certify that the information supplied with this filing ...

SIGNATURE: Earl C Ramsey Jr. Earl C Ramsey Jr 5/15/95 407 337-2165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0434871 FP

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

DOCUMENT # **V02087** **(7)**

1. Corporate Name

LAKE SHORE DRIVE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11834 LAKESHORE DRIVE CLERMONT FL 34711 US	P.O. BOX 121148 CLERMONT FL 34712-1148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 12/24/1991	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business 21: 11834 Lakeshore Drive	2a. Mailing Address 26: 11834 Lakeshore Drive
Suite, Apt. # or Bldg. 22:	Suite, Apt. # or Bldg. 27:
City & State 23: Clermont FL	City & State 28: Clermont FL
Zip 24: 34711 County 25:	Zip 29: 34711 County 30:
4. FEI Number: 59-3098493	☐ 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 can qualify for disaster tax relief under s. 196.081, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBB, PAMELA M. 501 N MAGNOLIA AVE SUITE A ORLANOD FL 32801	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 607.1008, 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
TITLE: D NAME: DAVIS, ROBERT A STREET ADDRESS: 1311 S VINELAND RD CITY-ST-ZIP: WINTER GARDEN 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 declare that I am an officer or director of this corporation or that I am authorized to sign this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: Robert A. Davis 5/14/94 904/394-3964

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

0481963 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

... M 10: 15

... OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V02409 (3)

1. Corporation Name

00718, INC.

Principal Place of Business: 2730 CENTRAL AVE. ST. PETERSBURG FL 33712

Mailing Address: 2730 CENTRAL AVE. ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1991	3a. Date of Last Report: 11/18/1994
4. FEI Number: 59-3110976	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 / 2a. Mailing Address 26

Suite, Apt. # etc. 22 / 27

City & State 23 / 28

Zip 24 / Country 25 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KNAUST, WARREN J.
2730 CENTRAL AVENUE
ST. PETERSBURG FL 33712

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LAWSON, CHARLES
STREET ADDRESS	2730 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	AS
NAME	KNAUST, WARREN J
STREET ADDRESS	2730 CENTERAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG 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 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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] May 1/95 813-327-3273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — CHARLES LAWSON DATE — DAYTIME PHONE #

0311072 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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02708 (8)

1. Corporation Name

RICHENBERG MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
4725 SE DOGWOOD TER STUART FL 34997 US	4725 SE DOGWOOD TERRACE STUART FL 34997 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1991
3a. Date of Last Report: 05/10/1994
4. FEI Number: 65-0332078 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHENBERG, LARRY L 5106 S.E. LISBON CIRCLE STUART FL 34997	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	RICHENBERG, LARRY L	NAME	
STREET ADDRESS	5106 SE LISBON CR	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	RICHENBERG, PRISCILLA R	NAME	
STREET ADDRESS	5106 SE LISBON CR	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: P Richenberg, PRISCILLA RICHENBERG 5/17/95 407287-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302085 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

APPROVED AND FILED

[illegible] MAY [illegible] 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V03822 (6)

1. Corporate Name

SANFORD PLAZA CORPORATION

Principal Place of Business
4802 DISTRIBUTION CT
7
ORLANDO FL 32822
US

Mailing Address
4802 DISTRIBUTION CT
7
ORLANDO FL 32822
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3201742	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 [illegible] Florida Statutes [ ] Yes [ ] No	

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

9. Name and Address of Current Registered Agent

CANTY, WILLIAM A.
4802 DISTRIBUTION CT
7
ORLANDO FL 32822

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	TITLE	PD	[X] Change [ ] Addition
NAME	CANTY, WILLIAM A.	NAME	Canty, William A.	
STREET ADDRESS	4718 SOUTH ORANGE AVE	STREET ADDRESS	4802 Distribution Court, Suite 7	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, FL 32822	
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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(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: W.A. Canty — W.A. CANTY 5-14-95 407-380-9072

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

0082464 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 # V04230 (1)

1. Corporation Name

ATLANTIC CONSTRUCTION AND DEVELOPMENT, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
315 NORTHEAST THIRD AVENUE SUITE 200 FORT LAUDERDALE FL 33301	315 NORTHEAST THIRD AVENUE SUITE 200 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0303401 — 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) — 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)

9. Name and Address of Current Registered Agent

MORGAN, WALTER L.
315 NORTHEAST THIRD AVENUE
SUITE 200
FORT LAUDERDALE FL 33301

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: Walter L Morgan

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	Change / Addition
NAME	MORGAN, WALTER L.	1 NAME	
STREET ADDRESS	315 N.E. THIRD AVE. 200	1 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	Change / Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	Change / Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	Change / Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	Change / Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	Change / Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(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: Walter L Morgan, director — 5/15/95 — 305/524 3111

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

0210663 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **V04744** **(1)**

1. Corporate Name
OSSI & BUTLER, P.A.

COUNTY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1506 PRUDENTIAL DR
JACKSONVILLE FL 32207

Mailing Address
~~1506 PRUDENTIAL DR~~
~~JACKSONVILLE FL 32207~~
Post Office Box
Jacksonville FL
32211

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **01/03/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21
2a. Mailing Address 26

Sole Agent (if any) 22
Sole Agent (if any) 27

City & State 23
City & State 28

ZIP 24 County 25
ZIP 29 County 30

4. FEI Number: **59-3099447** ☐ 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 is currently qualified to transact business in Florida. Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSSI, MICHAEL A.
1506 PRUDENTIAL DR
JACKSONVILLE FL 32207

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 607.0501(3) of the 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 (or am familiar with, and accept the obligations of Section 607.0505, Florida Statutes).

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	OSSI, MICHAEL A.
Street Address	1506 PRUDENTIAL DR
City-State-Zip	JACKSONVILLE FL
Title	D
Name	BUTLER, HOWARD G.
Street Address	1506 PRUDENTIAL DR
City-State-Zip	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this report is complete and accurate. For profit corporations only: I further certify that the corporation has paid all fees due based on the number of shares issued as stated in this report.

SIGNATURE: MIKE OSSI President 3/31/1995

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

0015681 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

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V04947** **(0)**

1. Corporate Name
ADLI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 372266 SATELLITE BEACH FL 32937	P.O. BOX 372266 SATELLITE BEACH FL 32937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1992**	3a. Date of Last Report: **08/08/1994**
4. FEI Number: **59-3101743**	☐ 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 (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)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, WAYNE L. 700 N WICKHAM RD SUITE 203 MELBOURNE FL 32935	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 607.1505 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 607.1508, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
Title: D Name: ADLI, FEREIDOON Street Address: P.O. BOX 372266 NA City-State-Zip: SATELLITE BEACH FL	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is executed 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: Fereidoon Adli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95
Date

(407) 777-7727
Daytime Phone #

0000355 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

[illegible] 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05305** **(0)**

1. Corporate Name

LINCOLN CITRUS, INC.

Principal Place of Business	Mailing Address
221 EAST CENTRAL AVENUE LAKE WALES FL 33853	221 EAST CENTRAL AVENUE LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1992**

3a. Date of Last Report: **03/15/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

City & State — 23

City & State — 28

24 — 25 — 29 — 30

4. FEI Number: **59-3109487** ☐ 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

9. Name and Address of Current Registered Agent

FLETCHER, JOHN J.
221 EAST CENTRAL AVENUE
LAKE WALES FL 33853

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 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
91 TITLE	D	☐ Change ☐ Addition
92 NAME	WALKER, MICHAEL J.	
93 STREET ADDRESS	5409 DEER RUN DRIVE	
94 CITY, ST, ZIP	FORT PIERCE FL	
95 TITLE	D	☐ Change ☐ Addition
96 NAME	FLETCHER, JOHN J.	
97 STREET ADDRESS	1033 SUNSET DRIVE	
98 CITY, ST, ZIP	LAKE WALES FL	
99 TITLE	D	☐ Change ☐ Addition
100 NAME	WALKER, JOSEPH L.	
101 STREET ADDRESS	3660 MT PISGAH ROAD	
102 CITY, ST, ZIP	FORT MEADE FL	
103 TITLE		☐ Change ☐ Addition
104 NAME		
105 STREET ADDRESS		
106 CITY, ST, ZIP		
107 TITLE		☐ Change ☐ Addition
108 NAME		
109 STREET ADDRESS		
110 CITY, ST, ZIP		
111 TITLE		☐ Change ☐ Addition
112 NAME		
113 STREET ADDRESS		
114 CITY, ST, ZIP		

14. I/We hereby certify that the information supplied with this filing is true and accurate and that my/our 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.

SIGNATURE: John J. Fletcher JOHN J. FLETCHER D. 5/16/95 813 676 1113

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

0317101 CP