FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # V13628 (5)

1. Corporate Name

JOHN A. RUBERTO, JR., P.A.

Principal Place of Business	Mailing Address
2485 EAST SUNRISE BLVD.	2485 E. SUNRISE BLVD.
STE 204	204
FT. LAUDERDALE FL 33304	FT. LAUDERDALE FL 33304
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1992

3a. Date of Last Report: 04/08/1994

4. FEI Number: 65-0310983 — 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. 199.013, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 915 MIDDLE RIVER DRIVE	26 915 MIDDLE RIVER DRIVE
Suite, Apt. # etc. 22 ~~419~~ SUITE 419	Suite, Apt. # etc. 27 SUITE 419
City & State 23 FORT LAUDERDALE, FLORIDA	City & State 28 FORT LAUDERDALE, FLORIDA
Zip 24 33304 — Country 25 U.S.A.	Zip 29 33304 — Country 30 U.S.A.

9. Name and Address of Current Registered Agent

RUBERTO, JOHN A JR
2485 EAST SUNRISE BLVD.
STE 204
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: RUBERTO, JOHN A. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 915 MIDDLE RIVER DRIVE
83 SUITE 419
84 City: FORT LAUDERDALE FL 85 Zip Code: 33304

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 [signature] JOHN A. RUBERTO, JR 5/19/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	D/P [X] Change [ ] Addition
NAME	RUBERTO, JOHN A JR	NAME	RUBERTO, JOHN A. JR.
STREET ADDRESS	2485 EAST SUNRISE BLVD.- STE 204	STREET ADDRESS	915 MIDDLE RIVER DRIVE - SUITE 419
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33304
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 the undersigned, certify that the information supplied with this filing is adequately 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: [signature] JOHN A. RUBERTO, JR 5/19/95 305-568-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0211707 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

95 MAY 15 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V14812 (4)

1. Corporation Name
PLEASURE ISLAND OF FWB, INC.

Principal Place of Business
1310 HIGHWAY 98 EAST
FT. WALTON BEACH FL 32548

Mailing Address
1310 HIGHWAY 98 EAST
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3106960 ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

9. Name and Address of Current Registered Agent

BEAL, KAREN
153 BEAL PKWY
FT. WALTON BEACH FL 32548

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	PST
NAME	BEAL, KAREN
STREET ADDRESS	153 BEAL PKWY.
CITY-ST-ZIP	FT. WALTON BEACH 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	
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 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: K. Beal Karen Beal 5/15/95 904 6642987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0470438 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # V15287 (8)

1. Corporate Name

CHRISTEL PLAZA CORPORATION

Principal Place of Business	Mailing Address
12257 SW 112TH STREET C/O MAURICE S. BARAKAT MIAMI FL 33186 US	12257 S.W. 112TH STREET C/O MAURICE S. BARAKAT MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1992

3a. Date of Last Report: 02/04/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0374642 ☐ 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

KLEIN, RONALD G.
901 N.E. 125 ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

Name

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

City FL 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	DP
NAME	BARAKAT, MAURICE S.
STREET ADDRESS	12257 S.W. 112TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	DV
NAME	BURRELL, BRUCE
STREET ADDRESS	4550 BANYAN LANE
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	SHARP, BYRON
STREET ADDRESS	16115 S. W. 117 AVE., SUITE 1-A
CITY-ST-ZIP	MIAMI FL
TITLE	DT
NAME	BURGER, HARRY
STREET ADDRESS	3772 N. E. 166 ST.
CITY-ST-ZIP	MIAMI 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: 5-15-95 305 274 7355

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

0202483 CP