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 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36890 (4)

1. Corporation Name

AABLE AWNING AND SCREENROOM, INC.

Principal Place of Business	Mailing Address
3780-205 KORI RD JACKSONVILLE FL 32245-6198 US	P O B OX 56071 JACKSONVILLE FL 32245-6198 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-3121405 — 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	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
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 [signature] Dwight M. Matthews 5-9-95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE ☐ Change ☐ Addition
NAME	MATTHEWS, DWIGHT M	1 NAME
STREET ADDRESS	~~3716 NORTH RIDE DR~~ 1504 Knobby Alley	1 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	1 CITY-ST-ZIP
TITLE	D	2 TITLE ☐ Change ☐ Addition
NAME	MATTHEWS, KATHRYND	2 NAME
STREET ADDRESS	~~3716 NO RIDE DR~~	2 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	2 CITY-ST-ZIP
TITLE	V	3 TITLE ☐ Change ☐ Addition
NAME	~~BLACK, WILLIAM K~~ No Longer	3 NAME
STREET ADDRESS	~~14445 RUM KEG CT~~	3 STREET ADDRESS
CITY-ST-ZIP	~~JACKSONVILLE FL~~	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(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] Dwight M. Matthews 5-9-95 (904) 268-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0407156 FP

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APPROVED

95 JUL 21 PM 2:55

DOCUMENT # V37116

1. Corporate Name: Brick Enterprises, Inc ~~dba Orlando Fitness and Racquet Club.~~

Principal Place of Business: Orlando Fitness & Racquet Club
Mailing Address: 825 Courtland St, Orlando, FL 32804 US.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Orlando Fitness and Racquet Club	26
Suite, Apt. # etc. 22 825 Courtland St	Suite, Apt. # etc. 27 825 Courtland St.
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32804 — Country 25 US	Zip 29 32804 — Country 30 US

3. Date Incorporated or Qualified: 5/14/92
3a. Date of Last Report: 2/10/1994
4. FEI Number: 59-3126232 — ☐ 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

Brick, John C.
917 Warbler Ct.
Port Orange FL 32127

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 ______ REGISTERED AGENT ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	TITLE	☐ Change ☐ Addition
NAME	Brick, John C.	NAME	900001545669
STREET ADDRESS	917 Warbler Ct.	STREET ADDRESS	-07/25/95--01091--004
CITY-ST-ZIP	Port Orange, FL 32127	CITY-ST-ZIP	****208.75 ****208.75
TITLE	V/D	TITLE	☐ Change ☐ Addition
NAME	Brick, Lourdes G.	NAME	
STREET ADDRESS	917 Warbler Ct	STREET ADDRESS	
CITY-ST-ZIP	Port Orange, FL 32127	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	Brick, C. Victor	NAME	
STREET ADDRESS	2003 Dumont Rd.	STREET ADDRESS	
CITY-ST-ZIP	Timonium, Md 21093	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	Brick, Lynne G.	NAME	
STREET ADDRESS	2003 Dumont Rd.	STREET ADDRESS	
CITY-ST-ZIP	Timonium, Md 21093	CITY-ST-ZIP	
TITLE	T/S/D	TITLE	☐ Change ☐ Addition
NAME	Brick, Merrill J.	NAME	
STREET ADDRESS	5500 Kingswood Rd	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32810	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	Brick, Sherry C.	NAME	
STREET ADDRESS	5500 Kingswood Rd	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32810	CITY-ST-ZIP	

LW

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: John C. Brick, John C. Brick, President — 7/11/95 — 407-645-3550

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