FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # V41967 (3)

RECREATION PROMOTIONS, INC.

Principal Place of Business
201 W. PLATT ST., STE A
TAMPA FL 33606
US

Mailing Address
PO BOX 3397
TAMPA FL 33601-3397
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1992

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-3130001 ☐ Applied For ☐ Not Applicable

Suite, Apt. or Rm.
22

Suite, Apt. or Rm.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 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

HALEY, WILLIAM J.
10 NORTH COLUMBIA STREET
LAKE CITY FL 32055

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
(Typed or printed name and title of person signing) (Registered Agent signature if registered agent is changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, etc.	
Title	DP	Title	☐ Change ☐ Addition
Name	BOYNTON, ERLE	Name	
Street Address	2808 SAMARA DRIVE	Street Address	
City-St-Zip	TAMPA FL	City-St-Zip	
Title	DS	Title	☐ Change ☐ Addition
Name	BOYNTON, SHARON	Name	
Street Address	2808 SAMARA DRIVE	Street Address	
City-St-Zip	TAMPA 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/We hereby certify that the information supplied with this filing is accurate 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 report or supplemental 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 with an address, with an asterisk, or indicated as newly elected.

SIGNATURE: Erle W S Boynton
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

May 17, 1995
Date

813-25-0178
Daytime Phone #

0303804 CP

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AND
FILED

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95 MAY 15
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **V42604** **(1)**

1. Corporate Name
PARADISE RANCH, INC.

Principal Place of Business	Mailing Address
11851 W HWY 326 OCALA FL 34482	11851 W HWY 326 OCALA FL 34482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/10/1992	07/13/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	☐ Applied For ☐ Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
ZIP 24 / County 25	ZIP 29 / County 30	8. The corporation has taxable tangible property pursuant to Chapter 196, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIBONI, MICHAEL C. 11851 W HWY 326 OCALA FL 34482	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 607.0505, 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: Michael C. Siboni 5/16/95
(If changing Registered Agent, Registered Agent must sign) (If Registered Agent is a corporation, the officer must sign) (Date)

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
20 TITLE: D 21 NAME: SIBONI, MICHAEL C 22 STREET ADDRESS: 11851 W HWY 326 23 CITY-ST-ZIP: OCALA FL	40 TITLE ☐ Change ☐ Addition 41 NAME 42 STREET ADDRESS 43 CITY-ST-ZIP
24 TITLE: D 25 NAME: SIBONI, BARBARA A 26 STREET ADDRESS: 11851 W HWY 326 27 CITY-ST-ZIP: OCALA FL	44 TITLE ☐ Change ☐ Addition 45 NAME 46 STREET ADDRESS 47 CITY-ST-ZIP
28 TITLE 29 NAME 30 STREET ADDRESS 31 CITY-ST-ZIP	48 TITLE ☐ Change ☐ Addition 49 NAME 50 STREET ADDRESS 51 CITY-ST-ZIP
32 TITLE 33 NAME 34 STREET ADDRESS 35 CITY-ST-ZIP	52 TITLE ☐ Change ☐ Addition 53 NAME 54 STREET ADDRESS 55 CITY-ST-ZIP
36 TITLE 37 NAME 38 STREET ADDRESS 39 CITY-ST-ZIP	56 TITLE ☐ Change ☐ Addition 57 NAME 58 STREET ADDRESS 59 CITY-ST-ZIP
	60 TITLE ☐ Change ☐ Addition 61 NAME 62 STREET ADDRESS 63 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is accurate 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 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 13 above, or on an attachment with an address.

SIGNATURE: Michael C. Siboni PRESIDENT 5/16/95 (904) 629-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0383932 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
APPROVED
'95 MAR 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V43080** **(3)**

1. Current Name
BETTER HOOVES, INC.

Principal Street Address	Mailing Address
3505 W ATLANTIC BLVD #1004 POMPANO BEACH FL 33069	5888 SE 145TH STREET APT 206 SUMMERFIELD FL 34491 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1992	3a. Date of Last Report: 06/29/1994
21	2a. Mailing Address 26
4. FEI Number: 65-0346968	☐ Applied For ☐ Not Applicable
22 State Abbr. if any	27 State Abbr. if any
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 25	29 30
8. This corporation is liable for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANNESS, KENNETH 5888 SE 145TH STREET SUMMERFIELD FL 34491	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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	DPV	31 Title	☐ Change ☐ Addition
32 Name	MANNESS, KENNETH	32 Name	
33 Street Address	5888 SE 145TH STREET	33 Street Address	
34 City, St, Zip	SUMMERFIELD FL	34 City, St, Zip	
35 Title	ST	35 Title	☐ Change ☐ Addition
36 Name	MANNESS, DAWN	36 Name	
37 Street Address	5888 SE 145TH STREET	37 Street Address	
38 City, St, Zip	SUMMERFIELD FL	38 City, St, Zip	
39 Title		39 Title	☐ Change ☐ Addition
40 Name		40 Name	
41 Street Address		41 Street Address	
42 City, St, Zip		42 City, St, Zip	
43 Title		43 Title	☐ Change ☐ Addition
44 Name		44 Name	
45 Street Address		45 Street Address	
46 City, St, Zip		46 City, St, Zip	
47 Title		47 Title	☐ Change ☐ Addition
48 Name		48 Name	
49 Street Address		49 Street Address	
50 City, St, Zip		50 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	

14. To the best of my knowledge, I certify that the information supplied with this filing 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 with an address.

SIGNATURE: Dawn D. Manness DAWN D MANNESS 5/19/95 (904) 347-7068
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0384161 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

10: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # **V43363** **(3)**

1. Corporate Name
ACADEMY ELECTRIC, INC.

Principal Place of Business
3581 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Mailing Address
3581 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1992**
3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23

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

4. FEI Number: **65-0346969** — 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

24 25 29 30

8. This corporation does/does not qualify for exemption from taxation under Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

VENTRICE, CHRISTOPHER J.
3581 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

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 607.325, and/or 1608, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D VENTRICE, CHRISTOPHER J. 3581 COCOPLUM CIRCLE COCONUT CREEK FL	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I declare, I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: Christopher J Ventrice Pres. 9/28/95 305-968-1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0106002 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
... 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # V43468 (0)

1. Corporation Name
APPAREL EXCHANGE, INC.

Principal Place of Business
6215 BAY CLUB DRIVE
#3
FT. LAUDERDALE FL 33308

Mailing Address
6215 BAY CLUB DRIVE
#3
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 06/12/1992
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0343462 ☐ Applied For ☐ Not Applicable

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

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 ... Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMES, RANDOLPH H.
980 NORTH FEDERAL HIGHWAY
SUITE 312
BOCA RATON FL 33432

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, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1 TITLE	☐ Change ☐ Addition
NAME	DIAZ,HECTOR	1 NAME	
STREET ADDRESS	6215 BAY CLUB DR #3	1 STREET ADDRESS	
CITY-ST-ZIP	FT. 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(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] 3/14/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HECTOR DIAZ, PRESIDENT

Daytime Phone #

0213950 CP