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

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SECRETARY OF STATE
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95 MAY -1 PM 0:32

DOCUMENT # **V50616** **(4)**

1. Corporation Name

A.B. WARRANTY COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
11222 QUAIL ROOST DR MIAMI FL 33157 US	11222 QUAIL ROOST DR MIAMI FL 33157 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1992	3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0344418	☐ 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 County: 25	Zip: 29 County: 30

9. Name and Address of Current Registered Agent

SANFORD NEUBARTH
11222 QUAIL ROOST DRIVE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Leonardo Garcia
82 Street Address (P.O. Box Number is Not Acceptable): 11222 Quail Roost Drive
83
84 City: Miami FL 85 Zip Code: 33157

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] Leonardo Garcia, Director & Secretary 5/23/95
(Signature, typed or printed name of registered agent, and title if applicable) (Must be Registered Agent. Signature not required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BECKER, EUGENE E	12 NAME		
STREET ADDRESS	11222 QUAIL ROOST DR	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	DS	21 TITLE	DS	☒ Change ☐ Addition
NAME	NEUBARTH, SANFORD L	22 NAME	GARCIA, LEONARDO F	
STREET ADDRESS	11222 QUAIL ROOST DR	23 STREET ADDRESS	11222 QUAIL ROOST DR.	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI, FL	
TITLE	TAS	31 TITLE		☐ Change ☐ Addition
NAME	CASTELO, ENRIGUE L	32 NAME		
STREET ADDRESS	11222 QUAIL ROOST DR	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	HAYES, F. THOMAS	42 NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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] 5/12/95 305 252 6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0171760 CP

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DOCUMENT # **V50965** **(5)**

1. Corporation Name
GATOREX REAL ESTATE, INC.

Principal Place of Business	Mailing Address
P.O. DRAWER 2366 WINTER PARK FL 32790	P.O. DRAWER 2366 WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1992**
3a. Date of Last Report: **04/22/1994**

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)

4. FEI Number: **59-3139937** ☐ 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

MARLOWE, MICHAEL L.
1031 WEST MORSE BLVD.
STE 105
WINTER PARK FL 32789

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed by)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MARLOWE, MICHAEL L.	12 NAME	
STREET ADDRESS	1031 W MORSE BLVD, STE 105	13 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ZACHMANN, MILO M	22 NAME	
STREET ADDRESS	TOBELWEG 3 8126	23 STREET ADDRESS	
CITY ST ZIP	ZUMIKON SW	24 CITY ST ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	ZACHMANN, CHARLOTTE	32 NAME	
STREET ADDRESS	TOBELWEG 3 8126	33 STREET ADDRESS	
CITY ST ZIP	ZUMIKON SW	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	FEHR, ANDRE	42 NAME	
STREET ADDRESS	FRITZ FLEINERWEG 11 8044	43 STREET ADDRESS	
CITY ST ZIP	ZURICH SW	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	FEHR, CLAUDIA	52 NAME	
STREET ADDRESS	FRITZ FLEINERWEG 11 8044	53 STREET ADDRESS	
CITY ST ZIP	ZURICH SW	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: _____ MILO ZACHMANN, M.D. 5/25/95 8139963018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061743 CP