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

[illegible] 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62219** **(3)**

1. Corporation Name

MOOR MEDICAL INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
17328 N.W. 61ST COURT S. **HIALEAH FL 33015**	**17328 N.W. 61ST COURT S** **HIALEAH FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/08/1992**

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

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **65-0361339**

$5 Apostil Fee ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, 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. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VAN DER EIJK, CARLOTA
17328 N.W. 61ST COURT S.
HIALEAH FL 33015

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 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of change(s) 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

[illegible] (Required) (Registered Agent's Signature, if Changing) (Required) (Required Agent's Signature on Appointment Below) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
1 NAME	VAN DER EIJK, CARLOTA	1 NAME	
1 STREET ADDRESS	17328 NW 61ST CT. S.	1 STREET ADDRESS	
1 CITY ST ZIP	HIALEAH FL	1 CITY ST ZIP	
2 TITLE	STD	2 TITLE	☐ Change ☐ Addition
2 NAME	VAN DER EIJK, MARK	2 NAME	
2 STREET ADDRESS	17328 N.W. 61ST CT. S.	2 STREET ADDRESS	
2 CITY ST ZIP	HIALEAH FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I 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 above, or on an attachment with an address.

SIGNATURE: Carlota Van der Eijk 5-1-95 305-558-4172

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

CR

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Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

[illegible] AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63097** **(2)**

1. Corporate Name
R & G PAWN, INC.

Principal Place of Business
1306 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32806

Mailing Address
1306 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32806

Do Not Write in This SPACE

3. Date Incorporated / Qualified: **09/09/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22
Suite, Apt. # or — 27
City & State — 23
City & State — 28
[illegible] — 24
County — 25
[illegible] — 29
County — 30

4. FEI Number: **59-3141882** ☐ 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 [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDRADE, JORGE
1306 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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 607.1501, or 617.1508, 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 607.325, Florida Statutes.

SIGNATURE: X [illegible] X [illegible]

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE: P	1. TITLE ☐ Change ☐ Addition
NAME: ANDRADE, JORGE,	2. NAME
STREET ADDRESS: 1306 SO ORANGE BLOSSOM TR	3. STREET ADDRESS
CITY-ST-ZIP: ORLANDO FL	4. CITY-ST-ZIP
TITLE	1. TITLE ☐ Change ☐ Addition
NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY-ST-ZIP	4. CITY-ST-ZIP
TITLE	1. TITLE ☐ Change ☐ Addition
NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY-ST-ZIP	4. CITY-ST-ZIP
TITLE	4. TITLE ☐ Change ☐ Addition
NAME	5. NAME
STREET ADDRESS	6. STREET ADDRESS
CITY-ST-ZIP	4. CITY-ST-ZIP
TITLE	5. TITLE ☐ Change ☐ Addition
NAME	5. NAME
STREET ADDRESS	6. STREET ADDRESS
CITY-ST-ZIP	4. CITY-ST-ZIP
TITLE	6. TITLE ☐ Change ☐ Addition
NAME	6. NAME
STREET ADDRESS	6. STREET ADDRESS
CITY-ST-ZIP	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)(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 asterisk.

SIGNATURE: X [signature] X 5/4/95 (401) 845-7296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0063026 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

DOCUMENT # V63187 (1)

1. Corporation Name

CHARITY BINGO OF PORT CHARLOTTE, INC.

Principal Place of Business
1900 TAMIAMI TRAIL
UNIT 104
PORT CHARLOTTE FL 33948

Mailing Address
27 BRISTOL LANE
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1992

3a. Date of Last Report: 10/20/1994

4. FEI Number: 65-0355511 — 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. [X] 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

GREENSTONE, JOSEPH H JR.
302 BEACH ROAD
SARASOTA FL 34242

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	S	11 TITLE	☐ Change ☐ Addition
NAME	GREENSTONE, JUDITH	12 NAME	
STREET ADDRESS	27 BRISTOL LANE	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	GREENSTONE, JOSEPH H JR.	22 NAME	
STREET ADDRESS	302 BEACH RD.	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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(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: Judith Greenstone Judith Greenstone 5/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284281 CP

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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 # **V63261** **(4)**

1. Corporate Name
R & R SERVICES, INC.

Principal Place of Business	Mailing Address
10026 SPANISH ISLES BLVD B-8 BOCA RATON FL 33498	10026 SPANISH ISLES BLVD B-8 BOCA RATON FL 33498 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1992**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0355312**	☐ Applied For ☐ Not Applicable
Suite Apt # etc. 22	Suite 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

RUSSO, VIRGINIA W.
10026 SPANISH ISLES BLVD B-8
BOCA RATON FL 33498

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 (Attach typed or printed name of officer, director, agent or the incorporator. If C.T. Registered Agent's signature required, must be notarized.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RUSSO, VIRGINIA W	12 NAME	
STREET ADDRESS	4926 NW 52 CT	13 STREET ADDRESS	
CITY ST ZIP	TAMARAC FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	RUSSO, EDWARD J	22 NAME	
STREET ADDRESS	4926 NW 52 CT.	23 STREET ADDRESS	
CITY ST ZIP	TAMARAC FL	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	RUSSO, DONNA L	32 NAME	
STREET ADDRESS	6501 NW 28 STR	33 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	RUSSO, EDWARD J II	42 NAME	
STREET ADDRESS	6501 NW 28 STR	43 STREET ADDRESS	
CITY ST ZIP	SUNRISE 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: Edward J Russo II Edward J Russo II 5/16/95 407 487-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0201010 CP