FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63702** **(7)**

1. Current Name
BEAUTIFUL CUSHIONS & PILLOWS INC.

Principal Place of Business
817 ALAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address
817 ALAMBRA CIRCLE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27

City & State — 23
City & State — 28

Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **65-0357397** ☐ 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

RIVADENEIRA, JUAN C.
817 ALAMBRA CIRCLE
CORAL GABLES FL 33134

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/or 608.4101, 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: _____ 4-27-95
(Registered Agent's Signature required for appointment of new registered agent) (Date)

12. OFFICERS AND DIRECTORS

Title	P
Name	GONZALEZ, JORGELINA
Street Address	817 ALAMBRA CIRCLE
City-St-Zip	CORAL GABLES FL 33134
Title	V
Name	RIVADENEIRA, JUAN C
Street Address	817 ALAMBRA CIR
City-St-Zip	CORAL GABLES FL 33134

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

Title ☐ Change ☐ Addition
Name
Street Address
City-St-Zip

14. I hereby certify that the information supplied with this filing is valid, currently true and accurate, and that this filing complies with the applicable provisions of Section 607.0502, 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 a director or officer 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: _____ 4-27-95 305-447-3190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0130120 CP

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 -4 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64873** **(5)**

1. Corporate Name

BEST SERVICES OF JAX., INC.

Principal Place of Business: 249 E. 8TH ST. JACKSONVILLE FL 32206

Mailing Address: 249 E. 8TH ST. JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1992

3a. Date of Last Report: 08/02/1994

4. FEI Number: 59-3143676 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

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

9. **Name and Address of Current Registered Agent**

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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	DPST
NAME	JOEKEL, KEN
STREET ADDRESS	249 E. 8TH AVE.
CITY-ST-ZIP	JACKSONVILLE 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

(Six blocks, each: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP; ☐ 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(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: Ken Joekel 5-1-95 869-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0022020 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

[illegible] 1 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64994** **(9)**

1. Corporate Name

E-Z LEGAL MARKETING, INC.

Principal Place of Business	Mailing Address
384 S MILITARY TRAIL DEERFIELD BEACH FL US	384 S. MILITARY TRAIL DEERFIELD BEACH FL US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1992**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **NOT APPLICABLE**	☐ 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
6. This corporation has liability for intangibles 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

CHESLER, BARRU S.
384 S MILITARY TRAIL
DEERFIELD BCH FL 33442

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 607.1916(1) and 617.1916, 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 607.1916, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, ARNOLD	52 NAME	
STREET ADDRESS	384 S. MILITARY TRAIL	53 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	54 CITY ST ZIP	
55 TITLE	D	55 TITLE	☐ Change ☐ Addition
NAME	TOOKER, JAMES E.	56 NAME	
STREET ADDRESS	384 S. MILITARY TRAIL	57 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	58 CITY ST ZIP	
59 TITLE	D	59 TITLE	☐ Change ☐ Addition
NAME	CHESLER, BARRY	60 NAME	
STREET ADDRESS	384 S. MILITARY TRAIL	61 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL	62 CITY ST ZIP	
63 TITLE		63 TITLE	☐ Change ☐ Addition
NAME		64 NAME	
STREET ADDRESS		65 STREET ADDRESS	
CITY ST ZIP		66 CITY ST ZIP	
67 TITLE		67 TITLE	☐ Change ☐ Addition
NAME		68 NAME	
STREET ADDRESS		69 STREET ADDRESS	
CITY ST ZIP		70 CITY ST ZIP	
71 TITLE		71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY ST ZIP		74 CITY ST ZIP	

14. I/We 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 added on an attached sheet with an address.

SIGNATURE: Barry S. Chesler 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Barry S. Chesler

0267007 CP