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

MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65814** **(8)**

1. Corporate Name

MATTLIN & MCCLOSKY, P.A.

Principal Place of Business	Mailing Address
2300 GLADES RD STE. 400. EAST TOWER BOCA RATON FL 33431 US	2300 GLADES RD. STE. 400. EAST TOWER BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **09/23/1992**
3a. Date of Last Report: **06/21/1994**

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

4. FEI Number: **65-0360440** ☐ 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

MCCLOSKY, GREGG W
2300 GLADES RD
STE. 400 EAST TOWER
BOCA RATON FL 33431

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 607.0501, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	PD	1. TITLE	☐ Change ☐ Addition
1. NAME	MATTLIN, FRED W	1. NAME	
1. STREET ADDRESS	STE 901, 5355 TOWN CENTER ROAD	1. STREET ADDRESS	
1. CITY-ST-ZIP	BOCA RATON FL	1. CITY-ST-ZIP	
2. TITLE	VD	2. TITLE	☐ Change ☐ Addition
2. NAME	MCCLOSKY, GREG W	2. NAME	
2. STREET ADDRESS	STE. 901, 5355 TOWN CENTE RD	2. STREET ADDRESS	
2. CITY-ST-ZIP	BOCA RATON 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/We hereby certify that the information supplied with this report is true, complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I/We 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 1, or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: *Fred W Mattlin VP* **5/17/95** **407/368-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Telephone Number

0256483 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

DOCUMENT # **V65976** **(5)**

1. Corporate Name

THE BUZZ BRAMAN BASKETBALL SHOOTING ACADEMY, INC

Principal Place of Business	Mailing Address
825 COURTLAND ST. ORLANDO FL 32804	825 COURTLAND ST. ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/22/1992**	3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-3152565**	☐ 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/will be changing its tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

MILLER, LAWRENCE J.
2200 CORPORATE BLVD., NW
SUITE 401
BOCA RATON FL 33431

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 607.1622 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 607.1508 Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
D BRAMAN, BUZZ 1829 SWEETWATER WEST CIR APOPKA FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby 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 with an indication for any changes or addition.

SIGNATURE: Buzz Braman — 5/17/95 — 407 645-3650 (Daytime Phone) 407 889-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0065775 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V66003 (7)

1. Corporate Name
FLORIDA BLUE JEANS, INC.

Principal Place of Business: ~~205 WEST 20TH STREET~~ HIALEAH FL 33010

Mailing Address: ~~205 WEST 20TH STREET~~ HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 06/13/1994
4. FEI Number: 65-0361893 — Applied For / Not Applicable

2. Principal Place of Business: 211 W 28 ST
Suite, Apt. #, etc.:
City & State: HIALEAH, FL
Zip: 33010 County:

2a. Mailing Address: 211 W. 28 ST
Suite, Apt. #, etc.:
City & State: HIALEAH, FL
Zip: 33010 County:

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
WOLF, MICHAEL H.
2450 NE MIAMI GARDENS DR.
SECOND FLOOR
NORTH MIAMI BEACH FL 33180

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	P
NAME	BLANCO, ROLANDO
STREET ADDRESS	585 WEST 77 ST
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	S
NAME	BLANCO, MERCEDES
STREET ADDRESS	585 WEST 77 ST
CITY-ST-ZIP	HIALEAH FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition (blank)

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 the 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: M Blanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0078247 CP