

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Markson
Secretary of State
OFFICE OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V71074

(1)

1. Corporation Name
D. D. G. INC.

Principal Place of Business

7005 N.W. 46 STREET
MIAMI FL 33166

Mailing Address

7005 N.W. 46 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1992

3a. Date of Last Report
11/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

State Apt. # etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FBI Number
65-0380351

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. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

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

My office agent, registered agent or registered agent in charge of this corporation

My office agent, registered agent or registered agent in charge of this corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
P GROSSER, ZAK
20215 E COUNTRY CLUB DR
N MIAMI BEACH FL

1.1 NAME ☐ Change ☐ Addition

2. NAME
ST DALAGI, FAWN
601 HIBISCUS DR
HALLANDALE FL

2.1 NAME ☐ Change ☐ Addition

3. NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 NAME ☐ Change ☐ Addition

4. NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 NAME ☐ Change ☐ Addition

5. NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 NAME ☐ Change ☐ Addition

6. NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 NAME ☐ Change ☐ Addition

7. NAME
STREET ADDRESS
CITY, ST, ZIP

7.1 NAME ☐ Change ☐ Addition

SIGNATURE:

ZAK GROSSER

4.28.15

593.545Y

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
JANUARY 1 - DECEMBER 31, 1995

**APPROVED
AND
FILED**

20 MAY - 1 PM 9:56

**DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V71236 (6)

1. Corporation Name

JRW BUILDERS, INC.

Principal Place of Business
C/O GREENBERG, TRAURIG, HOFFMAN, ET AL
777 S FLAGLER DR., S-310 - EAST TOWER
W PALM BCH, FL 33401

Mailing Address
C/O GREENBERG, TRAURIG, HOFFMAN, ET AL
777 S FLAGLER DR., S-310 - EAST TOWER
W PALM BCH, FL 33401

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 10/15/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0373401	Applied For ☐ Not Applicable
5. Certificate of Status Denied ☐	\$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 § 199.032 Florida Statutes ☒ Yes ☐ No	

2. Foreign Parent Company 21	2a. Mailing Address 26
22. State of Incorporation 27	2b. State of Mailing Address 27
23. City and State 28	24. City and State 29
25. Country 30	26. Country 31

9. Name and Address of Current Registered Agent

**SALOVIN, ALLAN
GREENBERG, TRAURIG, HOFFMAN ET AL
777 S FLAGLER DR., S-310 - EAST TOWER
W PALM BCH, FL 33401**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. State
85. Zip Code	

11. Pursuant to the provisions of Sections 807.05(1) and 807.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am authorized to accept the obligations of Section 807.05(1), Florida Statutes.

SIGNATURE

Notary Public in and for the State of Florida

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME DPT LEV, JERRY 3450 OUELETTE AVE. WINDSOR, ONTARIO	12.1	NAME 13.1	☐ Change ☐ Addition
NAME SALOVIN, ALLAN 777 S. FLAGLER DRIVE, SUITE 310, E. W. PALM BEACH FL	12.2	NAME 13.2	☐ Change ☐ Addition
NAME	12.3	NAME	☐ Change ☐ Addition
NAME	12.4	NAME	☐ Change ☐ Addition
NAME	12.5	NAME	☐ Change ☐ Addition
NAME	12.6	NAME	☐ Change ☐ Addition
NAME	12.7	NAME	☐ Change ☐ Addition
NAME	12.8	NAME	☐ Change ☐ Addition
NAME	12.9	NAME	☐ Change ☐ Addition
NAME	12.10	NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons authorized to execute this report as required by Chapter 200, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Lev

3-15-95

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy A. McArthur
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **V71599**

(7)

1. Corporate Name

PATRICK G. WATSON, M.D., P.A.

2. Principal Place of Business

**607 C WEST MARTIN LUTHER KING, JR. BLVD.
SUITE 102
TAMPA FL 33603
US**

2a. Mailing Address

**607 C WEST MARTIN LUTHER KING, JR. BLVD.
SUITE 102
TAMPA FL 33603
US**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

10/16/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3158395

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**

City, State, Country

24

City

29

Country

30

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARDNER, JOHN W
206 MASON ST
BRANDON FL 33511**

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 607.0509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATSON, PATRICK G.
STREET ADDRESS	607C W. MARTIN LUTHER
CITY, STATE, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY, STATE, ZIP	
2. TITLE	☐ Change ☐ Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY, STATE, ZIP	
3. TITLE	☐ Change ☐ Addition
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY, STATE, ZIP	
4. TITLE	☐ Change ☐ Addition
4.1 NAME	
4.2 STREET ADDRESS	
4.3 CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY, STATE, ZIP	
6. TITLE	☐ Change ☐ Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Sections 130.03/Ch. 130 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 liquidator of the corporation as required by Chapter 607, Florida Statutes, and that my signature appears in Block 1 or Block 2 of this report. I am not an attorney-in-fact with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

PATRICK G. WATSON

4/27/95

813 237-2000

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. WATSON
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **V72043**

(5)

Wafa Corp.

STATE OF FLORIDA

Wafa Corp.
TALLAHASSEE, FLORIDA

Principal Office Address
1930 WESTBOURNE DR.
OVIDO FL 32765

Address
1930 WESTBOURNE DR.
OVIDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered 10/19/1992	3a. Date of Last Report 04/25/1994
4. FID Number 59-3144467	Applied For ☐ Not Applicable
5. Certificate of Status Renewed ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. Does corporation have liability for intangible tax under S. 190.03, Florida Statutes ☐ Yes ☐ No	

2. Filing Agent's Name 21	2a. Filing Agent's Address 26
2b. Filing Agent's Phone 22	2c. Filing Agent's Fax 27
2d. Filing Agent's E-Mail 23	2e. Filing Agent's Website 28
2f. Filing Agent's Signature 24	2g. Filing Agent's Title 25

9. Name and Address of Current Registered Agent

ARAJ, NADEEM
1930 WESTBOURNE DR.
OVIDO FL 32765

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 602 (b)(2) and 607, 190A, Florida Statutes, the above named corporation submits the 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, Sections 602 (b)(2) and 607, Florida Statutes.

SIGNATURE

Signature of the person filing this report

Signature of the person filing this report

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D ARAJ, NADEEM	1. NAME ☐ Change ☐ Addition	2. NAME 1930 WESTBOURNE DR.	2. NAME ☐ Change ☐ Addition
3. STREET ADDRESS OVIDO FL	3. STREET ADDRESS ☐ Change ☐ Addition	4. NAME 1930 WESTBOURNE DR.	4. NAME ☐ Change ☐ Addition
5. CITY OVIDO FL	5. CITY ☐ Change ☐ Addition	6. NAME 1930 WESTBOURNE DR.	6. NAME ☐ Change ☐ Addition
7. NAME 1930 WESTBOURNE DR.	7. NAME ☐ Change ☐ Addition	8. NAME 1930 WESTBOURNE DR.	8. NAME ☐ Change ☐ Addition
9. STREET ADDRESS OVIDO FL	9. STREET ADDRESS ☐ Change ☐ Addition	10. NAME 1930 WESTBOURNE DR.	10. NAME ☐ Change ☐ Addition
11. CITY OVIDO FL	11. CITY ☐ Change ☐ Addition	12. NAME 1930 WESTBOURNE DR.	12. NAME ☐ Change ☐ Addition
13. NAME 1930 WESTBOURNE DR.	13. NAME ☐ Change ☐ Addition	14. NAME 1930 WESTBOURNE DR.	14. NAME ☐ Change ☐ Addition
15. STREET ADDRESS OVIDO FL	15. STREET ADDRESS ☐ Change ☐ Addition	16. NAME 1930 WESTBOURNE DR.	16. NAME ☐ Change ☐ Addition
17. CITY OVIDO FL	17. CITY ☐ Change ☐ Addition	18. NAME 1930 WESTBOURNE DR.	18. NAME ☐ Change ☐ Addition
19. NAME 1930 WESTBOURNE DR.	19. NAME ☐ Change ☐ Addition	20. NAME 1930 WESTBOURNE DR.	20. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and 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 192, Florida Statutes, and that my name appears in Block 12 or Block 13 as required or as an attachment with an address.

SIGNATURE: **NADEEM ARAJ**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

4/26/95 407-273-7141

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Tammie B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V72945 (1)

1. Corporation Name
AUTOLIST CORPORATION

Principal Place of Business 1101 GULF BREEZE PKWY STE 106 GULF BREEZE FL 32562 US	Mailing Address PO BOX 674 GULF BREEZE FL 32562
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2. Principal Place of Business 21 1157 Gulf Breeze Parkway 22 Suite Apt # etc 23 Gulf Breeze FL	2a. Mailing Address 26 27 28	24 32562-0674 25 County 29 32562-0674 30 County
--	---------------------------------------	--

APPROVED
AND
FILED

MAY 1 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1992	3a. Date of Last Report 03/31/1994
4. FEI Number 59-3153114	Applies 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. 199.035, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**SMITH, ROBERT W
1101 GULF BREEZE PKWY
STE 106
GULF BREEZE FL 32562**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1157 Gulf Breeze Parkway	83	84 City Gulf Breeze	85 Zip Code FL 32562-0674
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11. Pursuant to the provisions of Sections 607.06(2) and 607.15(3), 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. The 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 Sections 607.06(2) and 607.15(3), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D SMITH, ROBERT W 2704 GLEN OAK GULF BREEZE FL 32561	1 NAME	☐ Change ☐ Addition
STREET ADDRESS		2 NAME	
CITY, ST, ZIP		3 STREET ADDRESS	
NAME	D BROWN, DENNIS 3546 LAKEVIEW BLVD. STOW OH 45224	4 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		5 NAME	
CITY, ST, ZIP		6 STREET ADDRESS	
NAME	D POWERS, STEVEN A PO BOX 5366 SARASOTA FL 34277	7 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		8 NAME	
CITY, ST, ZIP		9 STREET ADDRESS	
NAME	D SMITH, DAVID W 1819 N. SCHOONER LANE OAK HARBOR WA 98277	10 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		11 NAME	
CITY, ST, ZIP		12 STREET ADDRESS	
NAME		13 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		14 NAME	
CITY, ST, ZIP		15 STREET ADDRESS	
NAME		16 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		17 NAME	
CITY, ST, ZIP		18 STREET ADDRESS	
NAME		19 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		20 NAME	
CITY, ST, ZIP		21 STREET ADDRESS	
NAME		22 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		23 NAME	
CITY, ST, ZIP		24 STREET ADDRESS	
NAME		25 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		26 NAME	
CITY, ST, ZIP		27 STREET ADDRESS	
NAME		28 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		29 NAME	
CITY, ST, ZIP		30 STREET ADDRESS	
NAME		31 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		32 NAME	
CITY, ST, ZIP		33 STREET ADDRESS	
NAME		34 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		35 NAME	
CITY, ST, ZIP		36 STREET ADDRESS	
NAME		37 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		38 NAME	
CITY, ST, ZIP		39 STREET ADDRESS	
NAME		40 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		41 NAME	
CITY, ST, ZIP		42 STREET ADDRESS	
NAME		43 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		44 NAME	
CITY, ST, ZIP		45 STREET ADDRESS	
NAME		46 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		47 NAME	
CITY, ST, ZIP		48 STREET ADDRESS	
NAME		49 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		50 NAME	
CITY, ST, ZIP		51 STREET ADDRESS	
NAME		52 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		53 NAME	
CITY, ST, ZIP		54 STREET ADDRESS	
NAME		55 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		56 NAME	
CITY, ST, ZIP		57 STREET ADDRESS	
NAME		58 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		59 NAME	
CITY, ST, ZIP		60 STREET ADDRESS	
NAME		61 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
NAME		64 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		65 NAME	
CITY, ST, ZIP		66 STREET ADDRESS	
NAME		67 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		68 NAME	
CITY, ST, ZIP		69 STREET ADDRESS	
NAME		70 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		71 NAME	
CITY, ST, ZIP		72 STREET ADDRESS	
NAME		73 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		74 NAME	
CITY, ST, ZIP		75 STREET ADDRESS	
NAME		76 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		77 NAME	
CITY, ST, ZIP		78 STREET ADDRESS	
NAME		79 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		80 NAME	
CITY, ST, ZIP		81 STREET ADDRESS	
NAME		82 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		83 NAME	
CITY, ST, ZIP		84 STREET ADDRESS	
NAME		85 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		86 NAME	
CITY, ST, ZIP		87 STREET ADDRESS	
NAME		88 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		89 NAME	
CITY, ST, ZIP		90 STREET ADDRESS	
NAME		91 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		92 NAME	
CITY, ST, ZIP		93 STREET ADDRESS	
NAME		94 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		95 NAME	
CITY, ST, ZIP		96 STREET ADDRESS	
NAME		97 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		98 NAME	
CITY, ST, ZIP		99 STREET ADDRESS	
NAME		100 CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and filed, and qualify for the exemption stated in Section 193.037(5)(b), Florida Statutes. I further certify that the information included 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 437, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE: _____

NOTARY AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert W. Smith

4/25/95 (114) 932-11431

0470784 FP