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 -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71925** **(4)**

1. Corporate Name

TROPICAL GARDENS & GIFT SHOP, CORP.

Principal Place of Business	Mailing Address
400 NW 42ND AVE. **MIAMI FL 33126** **US**	**400 NW 42ND AVE.** **MIAMI FL 33126** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1992**	3a. Date of Last Report: **08/01/1994**
4. FEI Number: **65-0367902**	☐ 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. # 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	10. Name and Address of New Registered Agent
OROZCO, SONIA **400 NW 42ND AVE.** **MIAMI FL 33126**	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.193(2) or 607.1938, 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

(Typed or Printed Name of Registered Agent and Officer) (Date)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES, OR DELETIONS TO OFFICER AND DIRECTORS, etc.
DP OROZCO, SONIA 400 NW 42ND AVE. MIAMI FL	☐ Change ☐ Addition
DV GODOY, VICTORIA 400 NW 42ND AVE MIAMI FL	☐ 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 if changed, or on an attachment with an address.

SIGNATURE: *Sonia Orozco* 28 APR 95 **443-2720**

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

SONIA OROZCO

0124106 CP

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ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

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AND
FILED

DOCUMENT # V72011 (2)

1. Current Name
MONTGOMERY INNOVATIONS, INC.

Principal Place of Business
107A GROVER STREET
PITTSBURGH PA 15223
US

Mailing Address
107A GROVER STREET
PITTSBURGH PA 15223
US

FOR OFFICE USE ONLY

3. Date of Incorporation (if applicable): 10/16/1992
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21 603 Dressel Road
22
23 Allison Park, PA
24 15101 25 U.S.A.

2a. Mailing Address
26 603 Dressel Road
27
28 Allison Park, PA
29 15101 30 U.S.A.

4. FEI Number: 25-1694232
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. The corporation desires to be eligible for under S. 607.0501 Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

MONTGOMERY, PAT
1415 DORADO AVENUE
MIAMI FL 33146

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 the Florida Limited Liability Company Act, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and the registered agent of the corporation and the addresses thereof are as shown above. The undersigned corporation hereby accepts the appointment as registered agent and agrees to act in this capacity. It further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.

SIGNATURE

12. CHANGE OF ADDRESS, REGISTERED AGENT, AND/OR NAME OF OFFICER(S) AND/OR DIRECTOR(S)

Title: T
Name: MONTGOMERY, MARY
Address: 603 DRESSEL RD.
City-State-Zip: ALLISON PARK PA

13. ADDITIONS, CHANGES, CORRECTIONS AND DELETIONS

Title
Name
Address
City-State-Zip
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that my electronic 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 exception for that name.

SIGNATURE: Mary H. Montgomery Mary H. Montgomery 4/9/95 412-487-4808
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION TO SIGN DATE Daytime Phone Number

0477080 FP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # V72862 (8)

1. Corporation Name

ROBERT STUBBS TREE EXPERTS, INC.

Principal Place of Business	Mailing Address
6845 S.W. 20TH STREET MIRAMAR FL 33023	6845 S.W. 20TH STREET MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1992	3a. Date of Last Report: 06/21/1994
4. FEI Number: 65-0364255	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. The 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 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STUBBS, BRIAN K. 5845 S.W. 20TH STREET MIRAMAR FL 33023	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
TITLE	S	☐ Change ☐ Addition
NAME	PRICE, MICHAEL	
STREET ADDRESS	19 MIAMI GARDENS RD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	☐ Change ☐ Addition
NAME	STUBBS, BRIAN K.	
STREET ADDRESS	6845 S.W. 20TH ST.	
CITY-ST-ZIP	MIRAMAR FL	
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 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] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 Date

305-461-0224 Daytime Phone

0000000 CP

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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

9:57

FLORIDA

DOCUMENT # **V72949** **(3)**

1. Corporate Name
RAMA BROADCASTING INC.

Principal Place of Business
P.O. BOX 1743
WINDERMERE FL 34786-1743

Mailing Address
P.O BOX 1743
WINDERMERE FL 34786-1743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1992**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-3148260** ☐ 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

9. This corporation has activity for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PERSAUD, K.D.
1137 31ST ST.
ORLANDO FL 32806

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PERSAUD, K.D.	12 NAME	
STREET ADDRESS	1137 31ST ST.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 1	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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/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 1 or Block 11 above or on an attachment with an address.

SIGNATURE: K.D. PERSAUD 4/28/95 **407-878-0608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0463300 FP