

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gwenia B. McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAR 28 PM 6: 05**

**DOCUMENT # 841983 (0)**

1. Corporation Name  
**ATMORE AMBULANCE, INC.**

Principal Place of Business Mailing Address  
**121 S. MAIN STREET 121 S. MAIN STREET**  
**ATMORE AL 36502 ATMORE AL 36502**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1978** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **2b**

4. FEI Number **63-0707753** Applied For   
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23** **28**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **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**

**10. Name and Address of New Registered Agent**

**GODWIN, RUTH T**  
**HWY 97**  
**DAVISVILLE FL**

**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

Signature types printed name of registered agent and the corporation.

NOTE: Registered Agent signature required after installation.

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | <b>P</b>                | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STILL, MERRILL H</b> | 12 NAME   |   |
| STREET ADDRESS             | <b>121 S MAIN ST</b>    | 13 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | <b>ATMORE AL</b>        | 14 CITY, ST, ZIP                                      |   |
| TITLE                      | <b>ST</b>               | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STILL, PAT</b>       | 22 NAME   |   |
| STREET ADDRESS             | <b>121 S MAIN ST</b>    | 23 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | <b>ATMORE AL</b>        | 24 CITY, ST, ZIP                                      |   |
| TITLE                      |                         | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 32 NAME   |   |
| STREET ADDRESS             |                         | 33 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                         | 34 CITY, ST, ZIP                                      |   |
| TITLE                      |                         | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 42 NAME   |   |
| STREET ADDRESS             |                         | 43 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                         | 44 CITY, ST, ZIP                                      |   |
| TITLE                      |                         | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 52 NAME   |   |
| STREET ADDRESS             |                         | 53 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                         | 54 CITY, ST, ZIP                                      |   |
| TITLE                      |                         | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 D(7)(b), 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 creator or creator 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 addition.

SIGNATURE: *Patricia A. Still* *Patricia A. Still* 3-22-95 (884) 368-3003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print)

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**(DIVISION OF CORPORATIONS)**

**95 MAR 28 PM 5:47**

**DOCUMENT # 844818 (5)**

1. Corporation Name  
**THE ROBINSON GREEN BERETTA CORPORATION**

Principal Place of Business Mailing Address  
**50 HOLDEN ST. PROVIDENCE RI 02908**      **50 HOLDEN ST. PROVIDENCE RI 02908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/13/1979**      3a. Date of Last Report **10/17/1994**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 25. Country 29. Zip 30. Country

24. 25. 29. 30.

4. FEI Number **05-0340548**      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  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0503, Florida Statutes.

SIGNATURE: *Tanya M. Villar*      **TANYA M. VILLAR**  
**SPECIAL ASSISTANT SECRETARY**      **3/28/95**  
Signature of Registered Agent or Secretary of State (Required when changing)      DATE

12. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | <b>D</b>                       |
| NAME           | <b>JEZIERNY, GEORGE JR</b>     |
| STREET ADDRESS | <b>7 GERTURDE AVE</b>          |
| CITY, ST, ZIP  | <b>E PROVIDENCE RI</b>         |
| TITLE          | <b>VS</b>                      |
| NAME           | <b>DECESARE, RAYMOND A</b>     |
| STREET ADDRESS | <b>23 13TH AVE</b>             |
| CITY, ST, ZIP  | <b>WARRICK RI</b>              |
| TITLE          | <b>PT</b>                      |
| NAME           | <b>BERETTA JOSEPH A</b>        |
| STREET ADDRESS | <b>107 GRANDVIEW AVE</b>       |
| CITY, ST, ZIP  | <b>LINCOLN RI</b>              |
| TITLE          | <b>D</b>                       |
| NAME           | <b>CARLSON, JAMES</b>          |
| STREET ADDRESS | <b>E. KILLINGLY ROAD RFD 1</b> |
| CITY, ST, ZIP  | <b>FOSTER RI</b>               |
| TITLE          | <b>D</b>                       |
| NAME           | <b>GRAF, GERHARD H.</b>        |
| STREET ADDRESS | <b>FRY POND ROAD</b>           |
| CITY, ST, ZIP  | <b>W. GREENWICH RI</b>         |
| TITLE          | <b>D</b>                       |
| NAME           | <b>ZITO, THOMAS R.</b>         |
| STREET ADDRESS | <b>110 POTTER ROAD</b>         |
| CITY, ST, ZIP  | <b>N. KINGSTOWN RI</b>         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 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 (3)(C)(8), 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 registered agent as designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an addition.

SIGNATURE: *Joseph A. Beretta*      **JOSEPH A. BERETTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      **3/18/95**      **401 271 1730**  
Signature Herein

844 818

**OFFICERS AND DIRECTORS**

Joseph A. Beretta  
107 Grandview Avenue  
Lincoln, RI 02865

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Chief Executive Officer  
Chairman

Joseph R. Beretta  
50 Grandview Avenue  
Lincoln, RI 02865

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Vice President  
Secretary and Treasurer

James R. Carlson  
106 East Killingly Road  
RFD #1  
Foster, RI 02825

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Executive Vice President  
Director

Raymond A. DeCesare  
23 Thirteen Avenue  
Warwick, RI 02886

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

President  
Director

Gerhard H. Graf  
70 Fry Pond Road  
West Greenwich, RI 02817

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Senior Vice President  
Director

844 818

**OFFICERS AND DIRECTORS (cont'd):**

Page 2

George J. Jezierny, Jr.  
7 Gertrude Avenue  
Rumford, RI 02916

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Sr. Executive Vice President  
Director

Richard H. Kuehl  
8 Lewis Street  
Barrington, RI 02806

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Vice President  
Director

Thomas R. Zito  
110 Porter Road  
N. Kingstown, RI 02852

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Senior Vice President  
Director

Harry A. Benn, Jr.  
81 Beachwood Drive  
N. Kingstown, RI 02852

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Vice President

Russell J. Ferland  
126 Slater Park Avenue  
Pawtucket, RI 02861

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Vice President

Jeffrey A. Hatcher  
Six Jesse Drive  
Portsmouth, RI 02871

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Vice President

844 818

**OFFICERS AND DIRECTORS (cont'd):**

Christopher O. Placco  
17 Surf Drive  
Bristol, RI 02809

The Robinson Green Beretta Corporation  
50 Holden Street  
Providence, RI 02908

Vice President

David Beretta  
Walcotte Street  
Jamestown, RI 02835

Director

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 5:11

DOCUMENT # **845045** (4)  
1. Corporation Name  
**CHANGE AD LETTER COMPANY**

Principal Place of Business Mailing Address  
**515 S. RIVER OAKS  
INDIALANTIC FL 32903** **515 S. RIVER OAKS  
INDIALANTIC FL 32903**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/23/1980** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **95-2601409** 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 5, 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**GEILICH, RALPH, ESQUIRE  
703 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901**

10. Name and Address of Now 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 \_\_\_\_\_ (Typed Name)

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PTD                   | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COBB, THOMAS ARTHUR   | 12 NAME   |   |
| STREET ADDRESS             | 515 SO RIVER OAKS DR  | 13 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | INDIALANTIC, FL 32903 | 14 CITY, ST, ZIP                                      |   |
| TITLE                      | VSD                   | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COBB, BETTY SUE       | 22 NAME   |   |
| STREET ADDRESS             | 515 SO RIVER OAKS DR  | 23 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | INDIALANTIC, FL 32903 | 24 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 32 NAME   |   |
| STREET ADDRESS             |                       | 33 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                       | 34 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 42 NAME   |   |
| STREET ADDRESS             |                       | 43 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                       | 44 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 52 NAME   |   |
| STREET ADDRESS             |                       | 53 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                       | 54 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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, enlarged, or on an attachment with an address.

SIGNATURE: *Thomas A. Cobb* **Thomas A. Cobb** (407)724-8751  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 5:33**

DOCUMENT # **845140** (3)

1. Corporation Name  
**A-1 ROOFING CO., INC.**

Principal Place of Business      Mailing Address  
**449 JULIA STREET,  
P.O. BOX 6163  
MONTGOMERY AL 36106**      **449 JULIA STREET,  
P.O. BOX 6163  
MONTGOMERY AL 36106**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>02/01/1980</b>  | 3a. Date of Last Report<br><b>06/06/1994</b>           |
| 4. FEI Number<br><b>64-0525486</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite Apt # etc            | 25. Suite Apt # etc |
| 22. City & State               | 27. City & State    |
| 24. Zip                        | 29. Zip             |
| 25. Country                    | 30. Country         |

|   |  |  |                        |
|---|--|--|------------------------|
| 9. Name and Address of Current Registered Agent                                   |  | 10. Name and Address of Now Registered Agent           |                        |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | B1. Name   |                        |
|   |  | B2. Street Address (P.O. Box Number is Not Acceptable) |                        |
|   |  | B3.  |                        |
|   |  | B4. City   | <b>FL</b> B5. 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 607.0508, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable      NAME Registered Agent (signature required after registration)      DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>PSD</b>                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DURDEN, JERRY M</b>    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2813 S COLONIAL DR</b> | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>MONTGOMERY AL</b>      | 1.4 CITY ST ZIP                                       |   |
| TITLE                      |                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 2.2 NAME  |   |
| STREET ADDRESS             |                           | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                           | 2.4 CITY ST ZIP                                       |   |
| TITLE                      |                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 3.2 NAME  |   |
| STREET ADDRESS             |                           | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                           | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME  |   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                           | 4.4 CITY ST ZIP                                       |   |
| TITLE                      |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                           | 5.4 CITY ST ZIP                                       |   |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 6.2 NAME  |   |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                           | 6.4 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 110.07(3)(b), 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: **Jerry M. Durden** President/Secretary      3/22/95      334/834-8987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 5:55**

**DOCUMENT # 845986 (9)**

1. Corporation Name  
**BARTLAND CORP. N.V.**

Principal Place of Business Mailing Address  
**C/O CARLOS ALBERTO CASTRO 1001 S.BAYSHORE DR.,STE.2410 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/12/1980** 3a. Date of Last Report **06/09/1994**  
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**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
27 State, Apt #, etc 27 State, Apt #, etc  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CASTRO, CARLOS ALBERTO  
1001 S.BAYSHORE DR.,STE.2410  
MIAMI FL 33131**

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 607.0508, Florida Statutes.

SIGNATURE *Carlos Alberto Castro* **Carlos Alberto Castro** 3/14/95  
(Print Name of Registered Agent or Public Representative) (Date)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | DP                     | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TAMAYO, CARLOS ENRIQUE | 12 NAME   |   |
| STREET ADDRESS             | 1001 S.BAYSHR.DR.#2410 | 13 STREET ADDRESS                                     |   |
| CITY ST ZIP                | MIAMI FL               | 14 CITY ST ZIP  |   |
| TITLE                      |                        | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 22 NAME   |   |
| STREET ADDRESS             |                        | 23 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                        | 24 CITY ST ZIP  |   |
| TITLE                      |                        | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 32 NAME   |   |
| STREET ADDRESS             |                        | 33 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                        | 34 CITY ST ZIP  |   |
| TITLE                      |                        | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 42 NAME   |   |
| STREET ADDRESS             |                        | 43 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                        | 44 CITY ST ZIP  |   |
| TITLE                      |                        | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 52 NAME   |   |
| STREET ADDRESS             |                        | 53 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                        | 54 CITY ST ZIP  |   |
| TITLE                      |                        | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 person 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 my declaration with my address.

SIGNATURE: *Carlos Enrique Tamayo*  
**CARLOS ENRIQUE TAMAYO**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR



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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 4:10

DOCUMENT # **847756** (4)

1. Corporation Name  
**TIMBER TECH. INC.**

Principal Place of Business Mailing Address  
**2550 WALNUT HILL LANE  
REDMAN PLAZA EAST  
DALLAS TX 75229-2633**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1980** 3a. Date of Last Report **02/17/1994**

|                                |                     |   |   |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For   |
| 21                             | 26                  | <b>64-0471452</b>   | <input type="checkbox"/> NOT APPLICABLE                             |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 22                             | 27                  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| City & State                   | City & State        | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 23                             | 28                  |   |   |
| Zip                            | Country             |   |   |
| 24                             | 25                  |   |   |
|                                | 29                  |   |   |
|                                | 30                  |   |   |

|   |  |   |                       |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent                                   |  | 10. Name and Address of New Registered Agent          |                       |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 81 Name   |                       |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|   |  | 83  |                       |
|   |  | 84 City   | <b>FL</b> 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                      | <b>VD</b>                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>STURGESS, THOMAS W.</b>   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>2550 WALNUT HILL LANE</b> | 1.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | <b>DALLAS, TX 0</b>          | 1.4 CITY, ST, ZIP                                     |  |
| TITLE                      | <b>D</b>                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HEGI, FREDERICK B. JR</b> | 2.2 NAME  |  |
| STREET ADDRESS             | <b>2550 WALNUT HILL LANE</b> | 2.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | <b>DALLAS, TX 75290</b>      | 2.4 CITY, ST, ZIP                                     |  |
| TITLE                      | <b>P</b>                     | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MORRIS, JACKIE L.</b>     | 3.2 NAME  |  |
| STREET ADDRESS             | <b>2550 WALNUT HILL LANE</b> | 3.3 STREET ADDRESS                                    | <b>PD DAVID G FIORE<br/>2550 WALNUT HILL LANE<br/>DALLAS, TX 75229</b>       |
| CITY, ST, ZIP              | <b>DALLAS, TX 0</b>          | 3.4 CITY, ST, ZIP                                     |  |
| TITLE                      | <b>AS</b>                    | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GILMORE, CURTIS W.</b>    | 4.2 NAME  | <b>DELETE</b>  |
| STREET ADDRESS             | <b>2550 WALNUT HILL LANE</b> | 4.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | <b>DALLAS, TX 0</b>          | 4.4 CITY, ST, ZIP                                     |  |
| TITLE                      | <b>D</b>                     | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WALKER, FERGUS J.</b>     | 5.2 NAME  | <b>DELETE</b>  |
| STREET ADDRESS             | <b>2550 WALNUT HILL LN</b>   | 5.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | <b>DALLAS TX</b>             | 5.4 CITY, ST, ZIP                                     |  |
| TITLE                      | <b>TS</b>                    | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KIRKPATRICK, J. MARK</b>  | 6.2 NAME  |  |
| STREET ADDRESS             | <b>2550 WALNUT HILL LANE</b> | 6.3 STREET ADDRESS                                    | <b>TS VIRGIL D LOWE<br/>2550 WALNUT HILL LANE<br/>DALLAS, TX 75229</b>       |
| CITY, ST, ZIP              | <b>DALLAS TX</b>             | 6.4 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 110.07(3)(b), 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 registrar or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached page with my address.

SIGNATURE: *Virgil D. Lowe* TREASURER 3/20/95 214-353-3600  
VIRGIL D. LOWE

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Bunkie G. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:00**

DOCUMENT # **847975** (0)

1. Corporation Name  
**AMERILINK CORPORATION**

Principal Place of Business Mailing Address  
**1900 E DUBLIN GRANVILLE RD COLUMBUS OH 43229**

DO NOT WRITE IN THIS SPACE

|                                |            |                     |            |   |  |
|--------------------------------|------------|---------------------|------------|---|--|
| 2. Principal Place of Business |            | 2a. Mailing Address |            | 3. Date Incorporated or Qualified   | 3a. Date of Last Report                                  |
| 21                             |            | 2b                  |            | 01/16/1981  | 04/21/1994   |
| 22 Sute, Apt #, etc            |            | 27 Sute, Apt #, etc |            | 4. FEI Number   | Applied For  |
| 23 City & State                |            | 28 City & State     |            | 31-0998690  | Not Applicable   |
| 24 Zip                         | 25 Country | 29 Zip              | 30 Country | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
|                                |            |                     |            | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
|                                |            |                     |            | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                          |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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: \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | CSD                      | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POWELSON, ROBERT         | 12 NAME   |   |
| STREET ADDRESS             | 1900 E. DUBLIN GRANVILLE | 13 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | COLUMBUS OH              | 14 CITY, ST, ZIP                                      |   |
| TITLE                      | PTD                      | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINHART, LARRY R.        | 22 NAME   |   |
| STREET ADDRESS             | 1900 E. DUBLIN GRANVILLE | 23 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | COLUMBUS OH              | 24 CITY, ST, ZIP                                      |   |
| TITLE                      | V                        | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOVERN, JOSEPH L.        | 32 NAME   |   |
| STREET ADDRESS             | 1900 E. DUBLIN GRANVILLE | 33 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | COLUMBUS OH              | 34 CITY, ST, ZIP                                      |   |
| TITLE                      | VCD                      | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GIBSON, LEN              | 42 NAME   |   |
| STREET ADDRESS             | 1900 E. DUBLIN GRANVILLE | 43 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | COLUMBUS OH              | 44 CITY, ST, ZIP                                      |   |
| TITLE                      |                          | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 52 NAME   |   |
| STREET ADDRESS             |                          | 53 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                          | 54 CITY, ST, ZIP                                      |   |
| TITLE                      |                          | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 110 (2)(b), Florida Statutes. I further certify that the information submitted in 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 of this report. I am not attached with an address.

SIGNATURE: LARRY R. LINHART Pres. LARRY R. LINHART 3/24/95 604/895-1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (City for Florida)

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 5: 54**

DOCUMENT # **848007** (1)

1. Corporation Name  
**RYCOLINE PRODUCTS, INC.**

Principal Place of Business: **5540 NORTHWEST HIGHWAY CHICAGO IL 60630-1116**  
Mailing Address: **5540 NORTHWEST HIGHWAY CHICAGO IL 60630-1116**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1981** 3a. Date of Last Report: **04/13/1994**  
4. FEI Number: **36-3102238** 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** 2a. Mailing Address: **26**  
Suite, Apt #, etc.: **22** State, Apt #, etc.: **27**  
City & State: **23** City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **PALMER, CHARLES L. 111 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33302**  
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: \_\_\_\_\_ (DATE: \_\_\_\_\_)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | TD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PALMER, CHARLES         | 1.2 NAME  |   |
| STREET ADDRESS             | 111 E. LAS OLAS BLVD.   | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | FT. LAUDERDALE FL       | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      | S                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROCHE, JAMES M.         | 2.2 NAME  |   |
| STREET ADDRESS             | 111 W MONROE STREET     | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | CHICAGO IL              | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      | V                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EDWARDS, JERRY          | 3.2 NAME  |   |
| STREET ADDRESS             | 693 EXMOOR TERRACE      | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | CRYSTAL LAKE IL         | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      | AS                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIDOMENICO, VICTORIA    | 4.2 NAME  |   |
| STREET ADDRESS             | 8426 W CATALPA          | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | CHICAGO IL              | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      | V                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ANDERSON, GARY A.       | 5.2 NAME  |   |
| STREET ADDRESS             | 30 W 110TH GLENHURST CT | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | WARRENVILLE IL          | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                         | 6.4 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(1)(b), Florida Statutes. I further certify that the information presented 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 of changed or on an attachment with an address.

SIGNATURE: *[Signature]* AND TYPED OR PRINTED NAME OF HIGHWAY OFFICER OR DIRECTOR: **GARY A. ANDERSON** 3-22-95 312-775-6755

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 5:38**

**DOCUMENT # 848524 (5)**

1. Corporation Name  
**CANADIAN EASTERN CORPORATION, LIMITED**

Principal Place of Business      Mailing Address  
**1250 SEMINOLE BLVD**      **1250 SEMINOLE BLVD**  
**PO BOX 958**      **PO BOX 958**  
**LARGO FL 34649-7958**      **LARGO FL 34649-7958**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>03/16/1981</b>  | 3a. Date of Last Report<br><b>02/17/1994</b>           |
| 4. FEI Number<br><b>98-0046054</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

|  |  |  |              |
|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent<br><b>CLARK, NORMAN R</b><br><b>1250 SEMINOLE BLVD</b><br><b>LARGO FL 34649-7958</b> |  | 10. Name and Address of Now Registered Agent           |              |
| B1. Name   |  | B2. Street Address (P.O. Box Number is Not Acceptable) |              |
| B3.  |  | B4. City   |              |
|  |  | B5. FL   | B6. 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 \_\_\_\_\_

(Corporation type and a printed name of registered agent and title of appointment)

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STEIN, SIMON I         | 1.2 NAME  |   |
| STREET ADDRESS             | 107 CORONATION DR      | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NEW BRUNSWICK, CANADA  | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VD                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEVINE, USA (1)        | 2.2 NAME  |   |
| STREET ADDRESS             | R. R. #1 HILLSBOROUGH  | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NEW BRUNSWICK, CANADA  | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VD                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOPER, GEORGE B (2)   | 3.2 NAME  |   |
| STREET ADDRESS             | 325 BAIG BLVD, MONCTON | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NEW BRUNSWICK, CANADA  | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      | SD                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEVINE, STEPHEN HAROLD | 4.2 NAME  |   |
| STREET ADDRESS             | 325 BAIG BLVD, MONCTON | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NEW BRUNSWICK, CANADA  | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME  |   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                        | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME  |   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                        | 6.4 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 319.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

(Signature and typed on printed name of signing officer or director)

*George B. Cooper*      *George B. Cooper*      *March 14 1995*

DATE

Telephone (Area #)

606-857-2110

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 PM 4:19

**DOCUMENT # 852751 (7)**

1. Corporation Name  
**LERUTH & ASSOCIATES, INC.**

Principal Place of Business: **4110 SECOR RD TOLEDO OH 43623 US**  
Mailing Address: **4110 SECOR RD TOLEDO OH 43623 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/30/1982** 3a. Date of Last Report: **06/14/1994**

4. FEI Number: **34-1262444** 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 (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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: \_\_\_\_\_ (Signature of Agent)

| 12. OFFICERS AND DIRECTORS |                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------|---|---|
| TITLE                      | PTD            | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LERUTH, FELIX  | 12 NAME   |   |
| STREET ADDRESS             | 4110 SECOR RD. | 13 STREET ADDRESS                                     |   |
| CITY- ST- ZIP              | TOLEDO OH      | 14 CITY- ST- ZIP                                      |   |
| TITLE                      | S              | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LERUTH, CLARA  | 22 NAME   |   |
| STREET ADDRESS             | 4110 SECOR RD. | 23 STREET ADDRESS                                     |   |
| CITY- ST- ZIP              | TOLEDO OH      | 24 CITY- ST- ZIP                                      |   |
| TITLE                      |                | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                | 32 NAME   |   |
| STREET ADDRESS             |                | 33 STREET ADDRESS                                     |   |
| CITY- ST- ZIP              |                | 34 CITY- ST- ZIP                                      |   |
| TITLE                      |                | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                | 42 NAME   |   |
| STREET ADDRESS             |                | 43 STREET ADDRESS                                     |   |
| CITY- ST- ZIP              |                | 44 CITY- ST- ZIP                                      |   |
| TITLE                      |                | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                | 52 NAME   |   |
| STREET ADDRESS             |                | 53 STREET ADDRESS                                     |   |
| CITY- ST- ZIP              |                | 54 CITY- ST- ZIP                                      |   |
| TITLE                      |                | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.02(3)(b), 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: **Felix Leruth, P.E.**  
*Felix Leruth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

324-95 419-474-3027  
Date: \_\_\_\_\_ Digital Record

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 4:10

DOCUMENT # **853315** (0)

1. Corporation Name  
**PACER SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**900 TECHNOLOGY PARK DR. BILLERICA MA 01821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/29/1982** 3a. Date of Last Report **06/28/1994**

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt #, etc 26. Suite, Apt #, etc

4. FEI Number **04-2438432** Applied For  
NOT Applicable

22. City & State 27. City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. Zip 28. Zip

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Country 25. Country 29. Country 30. Country

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

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

**10. Name and Address of New Registered Agent**

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST, STE 105  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_

Signature of the person who is the registered agent and the registered agent

Signature of the registered agent, registered agent and other registered agent

DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | <b>CD</b>                           |
| NAME           | <b>RENNIE, JOHN C.</b>              |
| STREET ADDRESS | <b>18 HARVARD DR.</b>               |
| CITY, ST, ZIP  | <b>BEDFORD MA</b>                   |
| TITLE          | <b>TS</b>                           |
| NAME           | <b>KOCZERA, RUDOLPH R</b>           |
| STREET ADDRESS | <b>1225 SALEM ST</b>                |
| CITY, ST, ZIP  | <b>NORTH ANDOVER MA</b>             |
| TITLE          | <b>PD</b>                           |
| NAME           | <b>GOLDBLUM, SIGMUND H.</b>         |
| STREET ADDRESS | <b>227 BISHOPS FOREST DR.</b>       |
| CITY, ST, ZIP  | <b>WALTHAM MA</b>                   |
| TITLE          | <b>D</b>                            |
| NAME           | <b>HARTLEY, JOHN G.</b>             |
| STREET ADDRESS | <b>79 BLVD D'ITALIE MONTE CARLO</b> |
| CITY, ST, ZIP  | <b>MONACO FR</b>                    |
| TITLE          | <b>D</b>                            |
| NAME           | <b>MERKEL, DANIEL</b>               |
| STREET ADDRESS | <b>2894 BUSH ST</b>                 |
| CITY, ST, ZIP  | <b>SAN FRANCISCO CA</b>             |
| TITLE          | <b>D</b>                            |
| NAME           | <b>WILLIAMS, CHARLES</b>            |
| STREET ADDRESS | <b>6 ROCKY CREEK TR.</b>            |
| CITY, ST, ZIP  | <b>ORMOND BEACH FL</b>              |

|                    |  |
|--------------------|--|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. NAME           |  |
| 13. STREET ADDRESS |  |
| 14. CITY, ST, ZIP  |  |
| 21. TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           | <b>TS D</b>  |
| 23. STREET ADDRESS | <b>KOCZERA, RUDOLPH R</b>  |
| 24. CITY, ST, ZIP  | <b>1225 SALEM ST</b>   |
| 25. CITY, ST, ZIP  | <b>NORTH ANDOVER MA</b>  |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32. NAME           |  |
| 33. STREET ADDRESS |  |
| 34. CITY, ST, ZIP  |  |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42. NAME           |  |
| 43. STREET ADDRESS |  |
| 44. CITY, ST, ZIP  |  |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52. NAME           |  |
| 53. STREET ADDRESS |  |
| 54. CITY, ST, ZIP  |  |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62. NAME           |  |
| 63. STREET ADDRESS |  |
| 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 110.07(2)(b), 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 offer to buy with an addendum.

SIGNATURE: *Rudolph R. Koczera*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

22 MARCH 1995 508 667-8800  
DATE (Type in Full) (Typed Name)

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra H. Hoffmann  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5:11

**DOCUMENT # 855672 (2)**  
1. Corporation Name  
**PUMPCO, INC.**

Principal Place of Business Mailing Address  
**6560 VINE CT.  
DENVER CO 80229** **6560 VINE CT.  
DENVER CO 80229**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/02/1983** 3a. Date of Last Report **07/29/1994**

4. FEI Number **64-0561340** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**COLLISTER, AL  
1909 N. 57TH ST.  
TAMPA FL 33619**

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 \_\_\_\_\_

Signature (typed or printed name of registered agent and title if applicable)

Signature (typed or printed name of registered agent and title if applicable)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>PD</b>                   |
| NAME           | <b>AINSWORTH, LESLIE E.</b> |
| STREET ADDRESS | <b>3265 ALKIRE WAY</b>      |
| CITY, ST, ZIP  | <b>GOLDEN CO</b>            |
| TITLE          | <b>SD</b>                   |
| NAME           | <b>AINSWORTH, JAMES L.</b>  |
| STREET ADDRESS | <b>825 GARDENWALK BLVD</b>  |
| CITY, ST, ZIP  | <b>COLLEGA PARK GA</b>      |
| TITLE          | <b>T</b>                    |
| NAME           | <b>MCBETH, LARRY</b>        |
| STREET ADDRESS | <b>949 S SALIDA ST.</b>     |
| CITY, ST, ZIP  | <b>AURORA CO</b>            |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY, ST, ZIP  |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY, ST, ZIP  |   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY, ST, ZIP  |   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY, ST, ZIP  |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY, ST, ZIP  |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 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(2)(b), 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. I am an officer or director of the corporation or the executor 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 AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

*Larry J. M. Beth*

*LARRY J. M. BETH*

3/21/95

303-289-4771

Telephone Prefix 4

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 4:19

DOCUMENT # **856528** (5)

1. Corporation Name  
**LOOS & CO., INC. (CABLEWARE)**

Principal Place of Business Mailing Address  
**32 LOOCKERMAN SQUARE SUITE L-100 DOVER DE 19901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1983** 3a. Date of Last Report **03/25/1994**

4. FEI Number **59-2269104** 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 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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

(Signature typed on printed name of registered agent and date of registration)

(NOT Registered Agent signature required after re-filing)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | CPD                  | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOOS, AUGUST W.      | 2. NAME   |   |
| STREET ADDRESS             | 2375 LANTERN LANE    | 3. STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | NAPLES FL            | 4. CITY-ST-ZIP  |   |
| TITLE                      | VS                   | 21. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NAINES, DONNA G.     | 22. NAME  |   |
| STREET ADDRESS             | 2020 - 7TH ST. SOUTH | 23. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL            | 24. CITY-ST-ZIP                                       |   |
| TITLE                      | D                    | 31. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOOS, JOHN P.        | 32. NAME  |   |
| STREET ADDRESS             | RURAL ROUTE 44       | 33. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | POMFRET CT           | 34. CITY-ST-ZIP                                       |   |
| TITLE                      | D                    | 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOOS, JOAN T.        | 42. NAME  |   |
| STREET ADDRESS             | 2375 LANTERN LANE    | 43. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | NAPLES FL            | 44. CITY-ST-ZIP                                       |   |
| TITLE                      | D                    | 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOOS, WILLIAM T.     | 52. NAME  |   |
| STREET ADDRESS             | WRIGHTS CROSSING RD  | 53. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | POMFRET CT           | 54. CITY-ST-ZIP                                       |   |
| TITLE                      | VT                   | 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRISWOLD, RICHARD J. | 62. NAME  |   |
| STREET ADDRESS             | 150 PODUNK RD.       | 63. STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | STURBRIDGE MA        | 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 130.07(3)(b), 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: *Donna G. Naines* **Donna G. Naines** 3-23-95 813-643-5667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone



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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 4:19

DOCUMENT # **857662** (1)

1. Corporation Name  
**GENESYS SOFTWARE SYSTEMS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**5 BRANCH STREET METHUEN MA 01844**

3. Date Incorporated or Qualified **09/08/1983** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business 2b. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc

4. FEI Number **04-2731025** Applied For  Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip 28 Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature of current registered agent (print name)

Signature of New Registered Agent (print name)

DATE

| 12. OFFICERS AND DIRECTORS |                      |
|----------------------------|----------------------|
| TITLE                      | PD                   |
| NAME                       | MUNINI, LAWRENCE J.  |
| STREET ADDRESS             | 56 EMERSON RD.       |
| CITY ST ZIP                | WINCHESTER MA        |
| TITLE                      | DS                   |
| NAME                       | GILPATRIC, DAVID L   |
| STREET ADDRESS             | 7 PINE STREET        |
| CITY ST ZIP                | WINCHESTER MA        |
| TITLE                      | TV                   |
| NAME                       | POMERLEAU, ROBERT R. |
| STREET ADDRESS             | 13 CRICKET LANE      |
| CITY ST ZIP                | DRACUT MA            |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY ST ZIP                |                      |
| TITLE                      |                      |
| NAME                       |                      |
| STREET ADDRESS             |                      |
| CITY ST ZIP                |                      |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   |   |
| 13 STREET ADDRESS                                     |   |
| 14 CITY ST ZIP  |   |
| 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   |   |
| 23 STREET ADDRESS                                     |   |
| 24 CITY ST ZIP  |   |
| 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME   |   |
| 33 STREET ADDRESS                                     |   |
| 34 CITY ST ZIP  |   |
| 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   |   |
| 43 STREET ADDRESS                                     |   |
| 44 CITY ST ZIP  |   |
| 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME   |   |
| 53 STREET ADDRESS                                     |   |
| 54 CITY ST ZIP  |   |
| 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME   |   |
| 63 STREET ADDRESS                                     |   |
| 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)(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 such officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, with an attachment with an address.

SIGNATURE:

*Robert J. ...*

Signature and Type/print name of Board Officer or Director

3-21-25

Date

568-681-5411

Type/print name

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 20 PM 5:12

DOCUMENT # **858069** (8)

1. Corporation Name

**WINK DAVIS EQUIPMENT CO., INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>800 MIAMI CIRCLE N.E.<br/>P O BOX 14226<br/>ATLANTA GA 30324</b> | Mailing Address<br><b>800 MIAMI CIRCLE N.E.<br/>P O BOX 14226<br/>ATLANTA GA 30324</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 3. Date Incorporated or Qualified<br><b>10/11/1983</b>  | 3a. Date of Last Report<br><b>10/24/1994</b>  |
| 4. FEI Number<br><b>58-0521520</b>  | Applied For<br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21. Suite, Apt #, etc          | 25. Suite, Apt #, etc |
| 22. City & State               | 26. City & State      |
| 23. Zip                        | 27. Zip               |
| 24. Country                    | 28. Country           |

9. Name and Address of Current Registered Agent  
**CARTER, C. DAVID  
6869 PHILLIPS PARKWAY DR. SOUTH  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>    |
| 83.  |              |
| 84. City   |              |

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

(Signature of present name of registered agent and the corporation)

(Signature of Agent registered thereafter when terminating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                    |
|----------------|------------------------------------|
| TITLE          | <b>CD</b>                          |
| NAME           | <b>DAVIS, WINK A., SR.</b>         |
| STREET ADDRESS | <b>4622 CLUB CIRCLE NE</b>         |
| CITY, ST, ZIP  | <b>ATLANTA GA 30319</b>            |
| TITLE          | <b>PD</b>                          |
| NAME           | <b>DAVIS, WINK A., JR.</b>         |
| STREET ADDRESS | <b>795 OVERHILL COURT NW</b>       |
| CITY, ST, ZIP  | <b>ATLANTA GA 30328</b>            |
| TITLE          | <b>SD</b>                          |
| NAME           | <b>DAVIS, C. ALEXANDER</b>         |
| STREET ADDRESS | <b>4130 E. BROOKHAVEN DRIVE NE</b> |
| CITY, ST, ZIP  | <b>ATLANTA GA 30319</b>            |
| TITLE          | <b>V</b>                           |
| NAME           | <b>CARTER, C. DAVID</b>            |
| STREET ADDRESS | <b>125 DERBY FOREST CT</b>         |
| CITY, ST, ZIP  | <b>ROSWELL GA 30076</b>            |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY, ST, ZIP  |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY, ST, ZIP  |                                    |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY, ST, ZIP  |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY, ST, ZIP  |   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY, ST, ZIP  |   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY, ST, ZIP  |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY, ST, ZIP  |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 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)(b), 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 of this report, on an attachment with an address.

SIGNATURE:

*Wink Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/23/95

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 5:13

**DOCUMENT # F92000000959 (8)**

1. Corporation Name  
**NTGARGIULO G.P., INC.**

Principal Place of Business Mailing Address  
**15000 OLD 41 NORTH  
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1992** 3a. Date of Last Report **04/18/1994**

|                                |  |                     |  |   |  |  |  |
|--------------------------------|--|---------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number   |  | Applied For  |  |
| 21                             |  | 25                  |  | 65-0371132  |  | Not Applicable   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23                             |  | 28                  |  | 24  |  | 25   |  |
| Zip                            |  | Country             |  | 29  |  | 30   |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                                   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| PENINSULA REGISTERED AGENTS, INC.<br>200 S.E. FIRST STREET (PH)<br>MIAMI FL 33131 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and their agent) (Typed Registered Agent signature required after verification)

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | PCD                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARGIULO, JEFFREY D | 1.2 NAME  |   |
| STREET ADDRESS             | 15000 OLD 41 NORTH  | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NAPLES FL 33963     | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VTD                 | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARGIULO, JOHN D    | 2.2 NAME  |   |
| STREET ADDRESS             | 15000 OLD 41 NORTH  | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NAPLES FL 33963     | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      | S                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HALEY, VINCENT P    | 3.2 NAME  |   |
| STREET ADDRESS             | 15000 OLD 41 NORTH  | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NAPLES FL           | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      | D                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PROCACCI, JOSEPH    | 4.2 NAME  |   |
| STREET ADDRESS             | 15000 OLD 41 NORTH  | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NAPLES FL 33963     | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      | D                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PROCACCI, J M       | 5.2 NAME  |   |
| STREET ADDRESS             | 15000 OLD 41 NORTH  | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NAPLES FL           | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      | D                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VERFAILLIE, HENDRIK | 6.2 NAME  |   |
| STREET ADDRESS             | 15000 OLD 41 NORTH  | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | NAPLES FL           | 6.4 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 110.07(4)(b), 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: DATE: 3-24-95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JEFFREY D. GARGIULO  
 Telephone Number: 813 597-3131

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:18

DOCUMENT # **N92000000284 (1)**

1. Corporation Name  
**WAKULLA SHRINE CLUB HOLDING CORPORATION**

|   |  |
|---|--|
| Principal Place of Business<br><b>RT 1 BOX 516<br/>SOPCHOPPY FL 32358</b> | Mailing Address<br><b>ROUTE 1, BOX 516<br/>SOPCHOPPY FL 32358<br/>US</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/16/1992</b>   | 3a. Date of Last Report<br><b>01/20/1994</b>           |
| 4. FEI Number<br><b>59-3164691</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>674 Port Leon Drive</b> | 2a. Mailing Address<br>26 <b>P O Box 71</b>  |
| Suite, Apt. #, etc.<br>22                                       | Suite, Apt. #, etc.<br>27                    |
| City & State<br>23 <b>St. Marks, Florida</b>                    | City & State<br>28 <b>St. Marks, Florida</b> |
| Zip<br>24 <b>32355</b>  | Country<br>25 <b>US</b>                      |
| Zip<br>29 <b>32355</b>  | Country<br>30 <b>U.S.</b>                    |

9. Name and Address of Current Registered Agent

**KELLEY, RALPH E.  
RURAL ROUTE 1, BOX 516  
SOPCHOPPY FL 32358**

10. Name and Address of New Registered Agent

81 Name **Mansfield, Edward V**

82 Street Address (P.O. Box Number is Not Acceptable)  
**674 Port Leon Drive**

83 **St. Marks,**

84 City **St. Marks,** **FL** 85 **32355**

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 **Edward V Mansfield** *Edward V Mansfield* **7-9-95**

| 12. OFFICERS AND DIRECTORS                       |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | <b>PD<br/>SPARKMAN, DELOUS<br/>RR 35 BOX 2985<br/>TALLAHASSEE FL</b>    | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY, ST, ZIP | <b>PD<br/>Harvey, Allen H<br/>RT5 Box 2250 NA<br/>Crawfordville, FL</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | <b>VD<br/>HARVEY, ALLEN H<br/>RT 5 BOX 2250 NA<br/>CRAWFORDVILLE FL</b> | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY, ST, ZIP | <b>VD<br/>Glover, EM<br/>Box 337 NA<br/>Crawfordville, FL</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | <b>VD<br/>GLOVER, EM<br/>BOX 337<br/>ST MARKS FL</b>                    | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY, ST, ZIP | <b>VD<br/>Glover, Lawrence T<br/>P O Box 1357 NA<br/>Crawfordville, FL</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | <b>TD<br/>HIGH, BRUCE C<br/>BOX 1767 NA<br/>CRAWFORDVILLE FL</b>        | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY, ST, ZIP | <b>TD<br/>High, Bruce C<br/>Box 1767 NA<br/>Crawfordville, FL</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | <b>SD<br/>KELLEY, RALPH E<br/>RT 1 BOX 516 NA<br/>SOPCHOPPY FL</b>      | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY, ST, ZIP | <b>SD<br/>Mansfield, Edward V.<br/>674 Port Leon Dr.<br/>St. Marks, FL.</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | <b>D<br/>TOOKE, CLAUDE W<br/>BOX 276<br/>CRAWFORDVILLE FL</b>           | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY, ST, ZIP | <b>D<br/>Tooke, Claude W.<br/>Box 276 NA<br/>Crawfordville, FL.</b>         |

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)(b), Florida Statute. 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 in each appearance in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Edward V. Mansfield** *Edward V Mansfield* **7-9-95**

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Serena B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:20

DOCUMENT # **N92000000465 (6)**

1. Corporation Name  
**THE ENDEAVOR MEDICAL GROUP, INC.**

Principal Place of Business      Mailing Address  
**120 NORTH SENECA STREET**      **120 NORTH SENECA STREET**  
**DAYTONA BEACH FL 32114**      **DAYTONA BEACH FL 32114**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/18/1992</b>   | 3a. Date of Last Report<br><b>01/31/1994</b>           |
| 4. FEI Number<br><b>59-3157930</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                  |                               |
|----------------------------------|-------------------------------|
| 2. Principal Place of Business   | 2a. Mailing Address           |
| 21 <b>412 S. Palmetto Avenue</b> | 26 <b>P.O. Box 10095</b>      |
| Suite, Apt. #, etc               | Suite, Apt. #, etc            |
| 22                               | 27                            |
| City & State                     | City & State                  |
| 23 <b>Daytona Beach, FL</b>      | 28 <b>Daytona Beach, FL</b>   |
| Zip      Country                 | Zip      Country              |
| 24 <b>32114</b> 25 <b>USA</b>    | 29 <b>32120</b> 30 <b>USA</b> |

|   |  |  |  |   |                       |
|---|--|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent                                       |  |  |  | 10. Name and Address of New Registered Agent          |                       |
| <b>LENTZ, CARL</b><br><b>120 NORTH SENECA STREET</b><br><b>DAYTONA BEACH FL 32114</b> |  |  |  | 81 Name   |                       |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|   |  |  |  | 83  |                       |
|   |  |  |  | 84 City   | <b>FL</b> 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 Carl W. Lentz III, MD      3/17/95  
Signature typed or printed name of registered agent and date of appointment      (DATE) Registered Agent signature required when new agent

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | DP                        | 11 TITLE  | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LENTZ, CARL               | 12 NAME   | Farmer, H. Frank MD   |
| STREET ADDRESS             | 120 NORTH SENECA          | 13 STREET ADDRESS                                     | 570 Memorial Circle   |
| CITY ST ZIP                | DAYTONA BEACH FL          | 14 CITY ST ZIP  | Ormond Beach, FL 32174  |
| TITLE                      | DV                        | 21 TITLE  | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH M.D., PAGE          | 22 NAME   | Caldwell, Jacques MD  |
| STREET ADDRESS             | 1229 G. PROVIDENCE BLVD.  | 23 STREET ADDRESS                                     | 311 N. Clyde Morris Blvd., #510   |
| CITY ST ZIP                | DELTONA FL                | 24 CITY ST ZIP  | Daytona Beach, FL 32114   |
| TITLE                      | DS                        | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | JONES M.D., HUGH          | 32 NAME   |   |
| STREET ADDRESS             | 508 THIRD AVE.            | 33 STREET ADDRESS                                     |   |
| CITY ST ZIP                | NEW SMYRNA BEACH FL 32168 | 34 CITY ST ZIP  |   |
| TITLE                      | DT                        | 41 TITLE  | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FARMER M.D., FRANK        | 42 NAME   | Sutton, James   |
| STREET ADDRESS             | 570 MEMORIAL CIRCLE       | 43 STREET ADDRESS                                     | 311 N. Clyde Morris Blvd., #550   |
| CITY ST ZIP                | ORMOND BEACH FL           | 44 CITY ST ZIP  | Daytona Beach, FL 32114   |
| TITLE                      |                           | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                           | 52 NAME   |   |
| STREET ADDRESS             |                           | 53 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                           | 54 CITY ST ZIP  |   |
| TITLE                      |                           | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.02(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Farmer, MD      3/17/95      (904) 677-3642  
Signature typed or printed name of registered agent and date of appointment      (DATE) Registered Agent signature required when new agent

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:37**

**DOCUMENT # N92000000586 (9)**

1. Corporation Name  
**ORLANDO LIONS YOUTH & COMMUNITY DEVELOPMENT, INC**

Principal Place of Business      Mailing Address  
**C/O WILLIAM A. BOYLES**      **C/O WILLIAM A. BOYLES**  
**201 E. PINE STREET, SUITE 1200**      **201 E. PINE STREET, SUITE 1200**  
**ORLANDO FL 32801**      **ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/02/1992**      **05/20/1994**

4. FEI Number      Applied For  
**59-3198194**      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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status            **\$68.75 Supplemental Fee Not Required**

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. **4101 PECAN LANE**      26. Suite, Apt. #, etc.  
22.      27. City & State  
23. **ORLANDO FL**      28. **ORLANDO FL**  
24. **32812**      25. **ORANGE**      29.      30. Country

9. Name and Address of Current Registered Agent  
**BOYLES, WILLIAM A**  
**201 E. PINE STREET**  
**SUITE 1200**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | PD                         |
| NAME            | DILLON, MARK               |
| STREET ADDRESS  | 151 WYMORE RD. #550        |
| CITY - ST - ZIP | ALTAMONTE SPRINGS FL 32714 |
| TITLE           | VD                         |
| NAME            | REINEKE, DENNIS W.         |
| STREET ADDRESS  | 4101 PECAN LANE            |
| CITY - ST - ZIP | ORLANDO FL 32812           |
| TITLE           | SD                         |
| NAME            | REINEKE, CAROLYN S.        |
| STREET ADDRESS  | 4101 PECAN LANE            |
| CITY - ST - ZIP | ORLANDO FL                 |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 11 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | <b>DELETE</b>  |
| 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP |  |
| 21 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | <b>PD</b>  |
| 23 STREET ADDRESS  |  |
| 24 CITY - ST - ZIP |  |
| 31 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            | <b>VDS</b>   |
| 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP |  |
| 41 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME            | <b>D KELLEHER, IRENE</b>   |
| 43 STREET ADDRESS  | <b>751 Sybilwood Circle</b>  |
| 44 CITY - ST - ZIP | <b>WINTER SPRINGS, FL 32708</b>  |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |
| 53 STREET ADDRESS  |  |
| 54 CITY - ST - ZIP |  |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 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 110.07(3)(b), 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: Donna W. Reinke      **Donna W. Reinke**      **3-15-95**      **407-438-6042**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 6:23

**DOCUMENT # N92000000918 (4)**

1. Corporation Name

**METROCORP CENTER OF GAINESVILLE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

5000 NW 27 CT  
S-C  
GAINESVILLE FL 32606  
US

P O BOX 147050  
S3  
GAINESVILLE FL 32614-7050  
US

3. Date Incorporated or Qualified

12/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3167843

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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 Suite, Apt. #, etc

2a Suite, Apt. #, etc

22 City & State

2b City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BEVERLY K  
ASSOCIATION MGMT SVCS  
5000 NW 27 CT, S-C  
GAINESVILLE FL 32606

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | HODOR, HOWARD        |
| STREET ADDRESS | 2700 D SW 43RD ST    |
| CITY ST ZIP    | GAINESVILLE FL 32606 |
| TITLE          | VD                   |
| NAME           | SHAW, JAMES          |
| STREET ADDRESS | 2700 D SW 43RD ST    |
| CITY ST ZIP    | GAINESVILLE FL 32606 |
| TITLE          | STD                  |
| NAME           | HOGAN, MICHELE E     |
| STREET ADDRESS | 2700 D SW 43RD ST    |
| CITY ST ZIP    | GAINESVILLE FL 32606 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |

|                    |                            |  |
|--------------------|----------------------------|--|
| 1.1 TITLE          | PD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Debbie McLeod              |  |
| 1.3 STREET ADDRESS | 4121 N.W. 37th Place #B    |  |
| 1.4 CITY ST ZIP    | Gainesville, FL 32606      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE          | VD                         |  |
| 2.2 NAME           | Mike Warren                |  |
| 2.3 STREET ADDRESS | 1202 N.W. 9th Ave.         |  |
| 2.4 CITY ST ZIP    | Gainesville, FL 32601      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE          | ST                         |  |
| 3.2 NAME           | Lynn Kiehne                |  |
| 3.3 STREET ADDRESS | coo-UF Clinics             |  |
| 3.4 CITY ST ZIP    | P.O. Box 100383 N/A        |  |
| 4.1 TITLE          | Gainesville, FL 32610-0366 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                            |  |
| 4.3 STREET ADDRESS |                            |  |
| 4.4 CITY ST ZIP    |                            |  |
| 5.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                            |  |
| 5.3 STREET ADDRESS |                            |  |
| 5.4 CITY ST ZIP    |                            |  |
| 6.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                            |  |
| 6.3 STREET ADDRESS |                            |  |
| 6.4 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 Sections 110.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Debbie E. McLeod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/94  
Date

904-374-8030  
Telephone Number

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 28 PM 6:33**

**DOCUMENT # N92000001025 (7)**

1. Corporation Name

**THE EAST 44TH STREET BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**281 E 44TH ST JACKSONVILLE FL 32208** **281 E 44TH ST JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/01/1993</b>   | 3a. Date of Last Report<br><b>02/24/1994</b> |
| 4. FEI Number<br><b>59-1697011</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |  |   |                       |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent          |                       |
| <b>LEPRELL, SAMUEL L<br/>1301 GULF LIFE DR<br/>SUITE 1500<br/>JACKSONVILLE FL 32207</b> |  | 81 Name   |                       |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|   |  | 83  |                       |
|   |  | 84 City   | <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>D</b>                     | 1.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SHUMAN, HERMAN</b>        | 1.2 NAME  | <b>Jack Vinson</b>  |
| STREET ADDRESS             | <b>281 E 44TH ST</b>         | 1.3 STREET ADDRESS                                    | <b>14758 Alimacani Tr.</b>  |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL 32208</b> | 1.4 CITY - ST - ZIP                                   | <b>Jacksonville, FL 32226</b>   |
| TITLE                      | <b>D</b>                     | 2.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WHITE, KEVIN</b>          | 2.2 NAME  | <b>Scott Holt</b>   |
| STREET ADDRESS             | <b>281 E 44TH ST</b>         | 2.3 STREET ADDRESS                                    | <b>12638 Steeplechase Ln</b>  |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL 32208</b> | 2.4 CITY - ST - ZIP                                   | <b>Jacksonville, FL 32223-3506</b>  |
| TITLE                      | <b>D</b>                     | 3.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>YOUNG, DAVID</b>          | 3.2 NAME  | <b>Ralph Antone</b>   |
| STREET ADDRESS             | <b>281 E 44TH ST</b>         | 3.3 STREET ADDRESS                                    | <b>634 Iva Pl</b>   |
| CITY - ST - ZIP            | <b>JACKSONVILLE FL 32208</b> | 3.4 CITY - ST - ZIP                                   | <b>Jacksonville, FL 32208</b>   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                              | 6.4 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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack P. Vinson 3-20-95 757-9235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number



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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 5:55**

**DOCUMENT # P92000000373 (0)**

1. Corporation Name  
**KAYMAR MOTORS, INC.**

Principal Place of Business      Mailing Address  
**901 NORTH "W" STREET  
PENSACOLA FL 32505  
US**      **901 NORTH "W" STREET  
PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21      25  
Suite, Apt #, etc      Suite, Apt #, etc  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

3. Date incorporated or Qualified      3a. Date of Last Report  
**10/23/1992**      **04/20/1994**  
4. FEI Number      Applied For  
**59-3170414**      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  
**ARD, ODEST W  
901 NORTH "W" STREET  
PENSACOLA FL 32505**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when instituting a change)

| 12. OFFICERS AND DIRECTORS |                             |
|----------------------------|-----------------------------|
| TITLE                      | <b>D</b>                    |
| NAME                       | <b>ARD, ODEST W</b>         |
| STREET ADDRESS             | <b>901 NORTH "W" STREET</b> |
| CITY - ST - ZIP            | <b>PENSACOLA FL 32505</b>   |
| 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 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 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 Sections 110.07(1)(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 its 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 13-4 changed, or in an addition, with an addition.

SIGNATURE: *(Signature)*      **PRUDEN**      **3-24-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

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

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:05**

**DOCUMENT # P92000000383 (9)**

1. Corporation Name  
**CELLEX CORP.**

Principal Place of Business Mailing Address  
**1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401**  
**2451 MCMULLEN BOOTH RD SUITE 312 CLEARWATER FL 34619 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/28/1992** 3a. Date of Last Report **02/01/1994**  
4. FEI Number **65-0368692** 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 Suits, Apt. #, etc. 25 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**GERSON, GARY N  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the filer (filer) Registered Agent signature required when registering

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | <b>D</b>                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SUDOL, MICHAEL G</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>70 STANTON CIR</b>   | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | <b>OLDSMAR FL</b>       | 1.4 CITY ST ZIP                                       |   |
| TITLE                      |                         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 2.2 NAME  |   |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                         | 2.4 CITY ST ZIP                                       |   |
| TITLE                      |                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME  |   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                         | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                         | 4.4 CITY ST ZIP                                       |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                         | 5.4 CITY ST ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                         | 6.4 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(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental agent report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the creditor 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 of this report, or in an attachment with an address.

SIGNATURE:  DATE: **3/20/95** **817 725 8614**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Moorman  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:06**

**DOCUMENT # P92000001321 (8)**

1. Corporation Name  
**BW JAMES, INC.**

Principal Place of Business      Mailing Address  
**3741 NE 163 STREET**      **3741 NE 163 STREET**  
**NORTH MIAMI BEACH FL 33160**      **NORTH MIAMI BEACH FL 33160**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/28/1992**      **05/27/1994**

4. FEI Number      Applied For  
**65-0368389**      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 #, etc.      Suite, Apt #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**GONZALEZ, JAMES**  
**1024 NW 97TH AVE.**  
**PEMBROKE PINES FL 33024**

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 \_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name of Registered Agent) \_\_\_\_\_ (Date)

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------|---|---|
| TITLE                      | <b>D</b>                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GONZALEZ, JAMES</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3741 NE 163 STREET</b>   | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>NORTH MIAMI BEACH FL</b> | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 2.2 NAME  |   |
| STREET ADDRESS             |                             | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                             | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 3.2 NAME  |   |
| STREET ADDRESS             |                             | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                             | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 4.2 NAME  |   |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                             | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 5.2 NAME  |   |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                             | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 6.2 NAME  |   |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                             | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not comply for the exceptions stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or on a new block, with an address.

SIGNATURE: *James E. Gonyea*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

*March 22, 1995 (305) 944-7565*

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 5:43**

**DOCUMENT # P92000003782 (9)**

1. Corporation Name  
**P. BENAVIDES CORPORATION**

Principal Place of Business      Mailing Address  
**3900 N.W. 79TH AVE., SUITE 640**      **3900 N.W. 79TH AVE., SUITE 640**  
**MIAMI FL 33166**      **MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/12/1992</b>   | 3a. Date of Last Report<br><b>03/21/1994</b>           |
| 4. FEI Number<br><b>65-0399449</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

**DE CASTRO, ARTURO F**  
**1010 S.W. 86TH COURT**  
**MIAMI FL 33144**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and the full location of the registered agent (signature required) (print))

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>D</b>                    |
| NAME           | <b>BENAVIDES, PEDRO</b>     |
| STREET ADDRESS | <b>17405 N.W. 62RD AVE.</b> |
| CITY, ST, ZIP  | <b>HIALEAH FL</b>           |
| TITLE          | <b>D</b>                    |
| NAME           | <b>DE BENAVIDES, ANA M</b>  |
| STREET ADDRESS | <b>17405 N.W. 62RD AVE.</b> |
| CITY, ST, ZIP  | <b>HIALEAH FL</b>           |
| 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

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY, ST, ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY, ST, ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY, ST, ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY, ST, ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY, ST, ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY, ST, ZIP  |   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 of this report, or on an attachment with an address.

SIGNATURE: **X** **PEDRO BENAVIDES**      03-21-95      (305) 597-81-10  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Original Filing Fee)

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:00**

**DOCUMENT # P92000003808 (2)**

1. Corporation Name

**N & N INVESTMENT CORPORATION**

Principal Place of Business

3863 PEMBROKE RD  
HOLLYWOOD FL 33021  
US

Mailing Address

21218 ST ANDREWS BLVD  
STE-401  
BOCA RATON FL 33433  
US

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>11/05/1992</b>   | 3a. Date of Last Report<br><b>04/26/1994</b>           |
| 4. FEI Number<br><b>65-0365918</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. [ ]                        | 2b. [ ]             |
| Suite, Apt #, etc.             | Suite, Apt #, etc.  |
| 22. [ ]                        | 27. [ ]             |
| City & State                   | City & State        |
| 23. [ ]                        | 28. [ ]             |
| Zip                            | Country             |
| 24. [ ]                        | 25. [ ]             |
| Country                        | Zip                 |
| 29. [ ]                        | 30. [ ]             |

|  |  |              |  |  |           |
|--|--|--------------|--|--|-----------|
| 9. Name and Address of Current Registered Agent  |  |              |  | 10. Name and Address of New Registered Agent           |           |
| <b>GAVAN, HASU</b><br><b>21218 ST ANDREWS BLVD</b><br><b>STE-401</b><br><b>BOCA RATON FL 33433</b> |  |              |  | 81. Name   |           |
|  |  |              |  | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|  |  |              |  | 83. [ ]  |           |
|  |  |              |  | 84. City   | <b>FL</b> |
|  |  | 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

(Signature of officer or director of corporation, agent or other registered agent)

(Signature of Registered Agent or person designated to receive notices)

DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | <b>P</b>                          | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GAVAN, HASU</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>21218 ST ANDREWS BLVD #401</b> | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | <b>BOCA RATON FL</b>              | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 2.2 NAME  |   |
| STREET ADDRESS             |                                   | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                   | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                   | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                   | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                   | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                                   | 6.4 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 130.02(3)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:

*Hasu Gavan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HASU GAVAN**

3.21.95

Expire

Expire 1/3/96 4

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 07

DOCUMENT # **P92000005860 (1)**

1. Corporation Name

**ACCREDITED ACCOUNTING & TAX SERVICES, INC.**

Principal Place of Business

Mailing Address

7345 JACKSON SPRINGS RD  
NO 2  
TAMPA FL 33634

7345 JACKSON SPRINGS RD  
NO 2  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1992** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-3153529** 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 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATKINS, CARL T  
7345 JACKSON SPRINGS RD  
SUITE 3  
TAMPA FL 33634

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

(Signature of Registered Agent or Director)

(Signature of Registered Agent, signature required after 10/1/95)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY, ST, ZIP

D  
TERRY, BRIGITTA M  
7201 HOLLOWELL DR  
TAMPA FL 33634

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY, ST, ZIP

Change  Addition

12.5 TITLE  
12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY, ST, ZIP

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY, ST, ZIP

Change  Addition

12.9 TITLE  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY, ST, ZIP

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY, ST, ZIP

Change  Addition

12.13 TITLE  
12.14 NAME  
12.15 STREET ADDRESS  
12.16 CITY, ST, ZIP

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY, ST, ZIP

Change  Addition

12.17 TITLE  
12.18 NAME  
12.19 STREET ADDRESS  
12.20 CITY, ST, ZIP

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY, ST, ZIP

Change  Addition

12.21 TITLE  
12.22 NAME  
12.23 STREET ADDRESS  
12.24 CITY, ST, ZIP

13.21 TITLE  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 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(3)(b), 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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Brigitta M. Terry*  
SIGNATURE AND TYPE IN PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-28-95 813-8807166  
DATE TELEPHONE #

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Office of Notaries  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 PM 4:17

DOCUMENT # **P92000005866 (8)**

1. Corporation Name  
**BISCAYNE TITLE CORPORATION**

Principal Place of Business: **2601 S BAYSHORE DR 19TH FLOOR COCONUT GROVE FL 33133 US**  
Mailing Address: **2601 S BYASHORE DR 19 FLOOR COCONUT GROVE FL 33133 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1992**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26** *2601 S. Bayshore Dr.*

4. FEI Number: **65-0377200**  
Applied For:  Not Applicable

22. *19th Floor*  
City & State: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. Zip: **24** Country: **25**  
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **29** Country: **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  
**ROBINSON, RAYMOND L  
2601 SOUTH BAYSHORE  
19TH FLOOR  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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: \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | <b>PSD</b>                          |
| NAME           | <b>ROBINSON, RAYMOND L</b>          |
| STREET ADDRESS | <b>2601 S BAYSHORE D / 19 FLOOR</b> |
| CITY, ST, ZIP  | <b>COCONUT GROVE FL</b>             |
| 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

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY, ST, ZIP  |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY, ST, ZIP  |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY, ST, ZIP  |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY, ST, ZIP  |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY, ST, ZIP  |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY, ST, ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and claim not liability for the consequences stated in Sections 190.07(3)(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 raise the same legal effect as if made in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached page with an address.

SIGNATURE: *Raymond L. Robinson* **Raymond L. Robinson** 3-10-95 (303)  
839 2009

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 23 PM 4:11

**DOCUMENT # P92000006298 (3)**

1. Corporation Name  
**NAVON & KOPELMAN, P.A.**

|  |  |
|--|--|
| Principal Place of Business                                  | Mailing Address  |
| 2699 STIRLING ROAD<br>SUITE B-303<br>FT. LAUDERDALE FL 33312 | 2699 STIRLING ROAD<br>SUITE B-303<br>FT. LAUDERDALE FL 33312 |

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/19/1992</b>  | 3a. Date of Last Report<br><b>03/29/1994</b>           |
| 4. FEI Number<br><b>65-0371194</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 25 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**NAVON, SAMUEL D  
2699 STIRLING ROAD  
SUITE B-303  
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

|                 |                                      |
|-----------------|--------------------------------------|
| TITLE           | <b>PT</b>                            |
| NAME            | <b>NAVON, SAMUEL D.</b>              |
| STREET ADDRESS  | <b>2699 STIRLING RD., SUITE B303</b> |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>              |
| TITLE           | <b>VS</b>                            |
| NAME            | <b>KOPELMAN, JOEL D.</b>             |
| STREET ADDRESS  | <b>2699 STIRLING RD., SUITE B303</b> |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>              |
| 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

|                     |   |
|---------------------|---|
| 1. TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME             |   |
| 3. STREET ADDRESS   |   |
| 4. CITY - ST - ZIP  |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *S. D. Navon*  
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

3/24/95 (305) 967-2788  
DATE (Typed Name)



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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 5:47**

**DOCUMENT # P92000006813 (9)**

1. Corporation Name:  
**RAMON G. GARCIA, M.D., P.A.**

|   |   |
|---|---|
| Principal Place of Business                         | Mailing Address                                     |
| 8313 W. HILLSBOROUGH AVE.<br>#150<br>TAMPA FL 33615 | 8313 W. HILLSBOROUGH AVE.<br>#150<br>TAMPA FL 33615 |

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 25 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 29                     |
| 25                             | 30                     |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified  | 3a. Date of Last Report                                  |
| 11/23/1992   | 11/28/1994   |
| 4. FEI Number  | Applied For  |
| 59-3150324   | Not Applicable   |
| 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>   |  |
| 6. Election Campaign Financing Trust Fund Contribution                                 | \$5.00 May Be Added to Fees                              |
| <input type="checkbox"/>   |  |
| 7. The corporation has liability for intangible tax under §. 199.032, Florida Statutes | Yes <input type="checkbox"/> No <input type="checkbox"/> |

9. Name and Address of Current Registered Agent

**GARCIA, RAMON G**  
**8313 W. HILLSBOROUGH**  
**SUITE 150**  
**TAMPA FL 33615**

10. Name and Address of New Registered Agent

|   |    |
|---|----|
| B1 Name   |    |
| B2 Street Address (P.O. Box Number is Not Acceptable) |    |
| B3  |    |
| B4 City   | FL |
| B5 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 \_\_\_\_\_ (Signature of Registered Agent) \_\_\_\_\_ (Signature of Corporation)

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | D  |
| NAME           | GARCIA, RAMON G M.D.                     |
| STREET ADDRESS | 8313 W. HILLSBOROUGH AVE., BLDG 1, STE 3 |
| CITY, ST, ZIP  | TAMPA FL 33615                           |
| 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

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY, ST, ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY, ST, ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY, ST, ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY, ST, ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY, ST, ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95  
DATE

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 6: 10

DOCUMENT # **P92000007640 (5)**

1. Corporation Name  
**SANTA FE CONTRACTING CORPORATION**

Principal Place of Business  
**PO BOX 508  
HIGH SPRINGS FL 32643**

Mailing Address  
**PO BOX 508  
HIGH SPRINGS FL 32643**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/24/1992** 3a. Date of Last Report **07/07/1994**

|                                |  |                     |  |   |  |   |  |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number   |  | Applied For   |  |
| 21                             |  | 2b                  |  | <b>59-3162146</b>   |  | NOT APPLICABLE  |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23                             |  | 28                  |  | 24  |  | 25  |  |
| Zip                            |  | Country             |  | 29  |  | 30  |  |
| 24                             |  | 25                  |  | 29  |  | 30  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                  |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>DOWDY, DEBBRAH S<br/>RT. 1 BOX 92D<br/>FT. WHITE FL 32038</b> |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |

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 *Deborah S. Dowdy* 3-18-95

|                            |                  |   |   |
|----------------------------|------------------|---|---|
| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | D                | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOWDY, DEBBRAH S | 12 NAME   |   |
| STREET ADDRESS             | RT. 1 BOX 92D    | 13 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | FT. WHITE FL     | 14 CITY, ST, ZIP                                      |   |
| TITLE                      |                  | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 22 NAME   |   |
| STREET ADDRESS             |                  | 23 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                  | 24 CITY, ST, ZIP                                      |   |
| TITLE                      |                  | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 32 NAME   |   |
| STREET ADDRESS             |                  | 33 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                  | 34 CITY, ST, ZIP                                      |   |
| TITLE                      |                  | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 42 NAME   |   |
| STREET ADDRESS             |                  | 43 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                  | 44 CITY, ST, ZIP                                      |   |
| TITLE                      |                  | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 52 NAME   |   |
| STREET ADDRESS             |                  | 53 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                  | 54 CITY, ST, ZIP                                      |   |
| TITLE                      |                  | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *Deborah S. Dowdy* DATE: *Mar. 18, 1995* 904-454-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Deborah S. Dowdy*

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 23 PM 4:00

DOCUMENT # **P92000008597 (6)**

1. Corporation Name

**FLORIDA KEYS JEWELRY AND LOAN, INC.**

Principal Place of Business

102991 OVERSEAS HWY  
A  
KEY LARGO FL 33037

Mailing Address

102991 OVERSEAS HWY  
A  
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1992**  
3a. Date of Last Report: **06/20/1994**

4. FEI Number: **65-0372917**  
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. Suite, Apt #, etc

22. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt #, etc

27. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CORWELL, GUS H  
91760 OVERSEAS HWY  
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent

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

(Signature typed or printed name of registered agent and filer if applicable)

(Name) Registered Agent signature required when registering

(Name)

12. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | <b>D</b>                  |
| NAME           | <b>ANGEL, JOEL N</b>      |
| STREET ADDRESS | <b>243 APACHEE STREET</b> |
| CITY, ST, ZIP  | <b>TAVERNIER FL 33070</b> |
| TITLE          | <b>D</b>                  |
| NAME           | <b>ANGEL, LILIAN T.</b>   |
| STREET ADDRESS | <b>243 APACHEE STREET</b> |
| CITY, ST, ZIP  | <b>TAVERNIER FL</b>       |
| 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

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY, ST, ZIP  |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY, ST, ZIP  |   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY, ST, ZIP  |   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY, ST, ZIP  |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY, ST, ZIP  |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 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 199.03(4), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joel N. Angel*  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

2/17/91

(305) 852-3928  
Lilian T. Angel