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 JUN -1 AM 8:24

DOCUMENT # **279020** **(2)**

1. Corporation Name
VARSITY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4905 WEST STATE STREET **TAMPA FL 33609**	**4905 WEST STATE STREET** **TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/02/1964	**04/21/1994**

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

4. FEI Number **59-1156520** ☐ 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 Report Filed

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAZQUEZ, WILFRED **4905 WEST STATE STREET** **TAMPA FL 33609**	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) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**ST**	11 TITLE	☐ Change ☐ Addition
NAME	**VAZQUEZ, SALLY**	12 NAME	
STREET ADDRESS	**4905 WEST STATE ST**	13 STREET ADDRESS	
CITY ST ZIP	**TAMPA, FLORIDA 00000**	14 CITY ST ZIP	
TITLE	**P**	21 TITLE	☐ Change ☐ Addition
NAME	**VAZQUEZ, WILFRED D**	22 NAME	
STREET ADDRESS	**4905 WEST STATE ST**	23 STREET ADDRESS	
CITY ST ZIP	**TAMPA, FLORIDA 00000**	24 CITY ST ZIP	
TITLE	**V**	31 TITLE	☐ Change ☐ Addition
NAME	**MENENDEZ, MIKE**	32 NAME	
STREET ADDRESS	**4905 W. STATE ST.**	33 STREET ADDRESS	
CITY ST ZIP	**TAMPA FL**	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. D VAZQUEZ PRES. 5/20/95 813-289-8549
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0994484 CP

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Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAY -1 AM 10:05

DOCUMENT # **279757** **(9)**

1. Corporation Name
MCMURTREY GROVES INC

Principal Place of Business	Mailing Address
516 OAKDALE STREET **P.O. BOX 23** **WINDERMERE FL 34786**	**516 OAKDALE STREET** **P.O. BOX 23** **WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1964**
3a. Date of Last Report: **01/25/1994**

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

4. FEI Number: **59-1050331** ☐ 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	10. Name and Address of New Registered Agent
MCMURTREY, DIANA D. **516 OAKDALE ST. PO BOX 580** **WINDERMERE FL 34786**	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**MCMURTREY, DIANA D.**	12 NAME	
STREET ADDRESS	**516 OAKDALE ST**	13 STREET ADDRESS	
CITY ST ZIP	**WINDERMERE FL**	14 CITY ST ZIP	
TITLE	**VD**	21 TITLE	☐ Change ☐ Addition
NAME	**LUFF, DAVID**	22 NAME	
STREET ADDRESS	**106 E CENTRAL**	23 STREET ADDRESS	
CITY ST ZIP	**ORLANDO FL**	24 CITY ST ZIP	
TITLE	**STD**	31 TITLE	☐ Change ☐ Addition
NAME	**HUTCHINSON, JOSEPH**	32 NAME	
STREET ADDRESS	**368 FLORAL DR**	33 STREET ADDRESS	
CITY ST ZIP	**WINTER GARDEN FL**	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/31/95 (407) 876-3064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # **281679** **(1)**

1. Corporation Name

NIEDENTHAL-COOK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
434 NE 191ST STREET MIAMI FL 33179	434 NE 191ST STREET MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1964	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1050972	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, 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

GINSBERG, BURTON
1721 N.E. 164TH ST.
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

61 Name

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

63

64 City **FL** 65 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NIEDENTHAL,MAURICE	12 NAME	
STREET ADDRESS	18745 N.E. 18TH COURT	13 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	COOK,MORRIS	22 NAME	
STREET ADDRESS	300 THREE ISLANDS BLVD.	23 STREET ADDRESS	
CITY ST ZIP	HALLANDALE FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	COOK, SARINA	32 NAME	
STREET ADDRESS	300 THREE ISLANDS BLVD.	33 STREET ADDRESS	
CITY ST ZIP	HALLANDALE FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	NIEDENTHAL,AUDRE	42 NAME	
STREET ADDRESS	18745 N.E. 18TH COURT	43 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COOK,MORRIS	52 NAME	
STREET ADDRESS	300 THREE ISLANDS BLVD.	53 STREET ADDRESS	
CITY ST ZIP	HALLANDALE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I 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 alteration.

SIGNATURE: _____ 6/1/95 305/651-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **288366** **(8)**

1. Corporate Name
HESTER BUILDERS, INC.

Principal Place of Business	Mailing Address
1617 SOUTH ADAMS STREET TALLAHASSEE FL 32301	1617 SOUTH ADAMS STREET TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/31/1964**
3a. Date of Last Report: **06/18/1994**

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 Same as above
Suite Apt. # etc. 22 Same as above	Suite Apt. # etc. 27 Same as above
City & State 23 Tallahassee, Fl	City & State 28 Tallahassee, Fl.
Zip 24 32301 County 25 Leon	Zip 29 32301 County 30 Leon

4. FEI Number: **59-1474316** ☐ 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

HESTER, DIAMOND
1617 S. ADAMS STREET
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: Hester Builders, Inc. (Name of Corporation) Diamond Hester (Registered Agent) May 18 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	HESTER, DIAMOND	12 NAME	Hester, Diamond
STREET ADDRESS	1415 CALLEN ST	13 STREET ADDRESS	1617 South Adams St.
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	Tallahassee, Fl.
TITLE	S	21 TITLE	S ☑ Change ☐ Addition
NAME	HESTER, NATASHA	22 NAME	Hester, Natasha
STREET ADDRESS	1415 CALLEN ST	23 STREET ADDRESS	1617 South Adams St
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	Tallahassee, Fl.
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 11 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Diamond Hester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May. 18-1995 (Date) 224-5714 / 545-1814 (Daytime Phone #)

0001470 CP