

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

**APPROVED
AND
FILED**

93 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Murrain
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # **472091** (8)
NANOS FOREIGN AUTO CENTER, INC.

Principal Place of Business: 4820 ALT 19N PALM HARBOR FL 34683
Mailing Address: 4820 ALT 19N PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified)		3a. Date of Last Report	
03/19/1975		04/26/1994	
4. FEI Number		Applied For	
59-1592642		Not Applicable	
5. Certificate of Status (Years)		\$8.75 Additional Fee Required	
<input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 190.001, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NANOS, DEMETRIOS 1714 PALOMINO DRIVE TARPON SPGS FL 34689				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

11. Pursuant to the provisions of Sections 607.001 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.001, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (P. 1)	
TYPE	NAME	TYPE	NAME
PD	NANOS, DEMETRIOS 1714 PALOMINO DRIVE TARPON SPGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV	NANOS, WILLIAM 1714 PALOMINO DRIVE TARPON SPGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DT	NANOS, CONSTANCE 1714 PALOMINO DRIVE TARPON SPGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 190.001, Florida Statutes. I further certify that the information is filed on this annual report or biennial report or biennial annual report as 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 issue this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or certificate filed with an annual report.

SIGNATURE: *Demetrios Nanos*
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEMETRIOS NANOS

2-14-95 (S12) 942-7512

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

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
JACKSONVILLE, FLORIDA

APPROVED
FILED
MAY 15 1995
DEPARTMENT OF STATE
JACKSONVILLE, FLORIDA

DOCUMENT # **472347** (4)
V.M.V. REALTY CORPORATION

Principal Office Location: **9638 PHILLIPS HWY STE 3 JACKSONVILLE FL 32256 US**
Mailing Address: **9638 PHILLIPS HWY STE 3 JACKSONVILLE FL 32256 US**

3. Date of Incorporation (Original) **03/24/1975** 3b. Date of Last Report **04/12/1994**
4. FE Number **59-2959357** 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. 192.032 Florida Statutes. Yes No

2. Previous Fiscal Year(s) **21** 2a. Mailing Address **26**
22. State, Apt. # etc. **27**
23. City, State **28**
24. City, State, Zip **25** 29. City, State, Zip **30**

9. Name and Address of Current Registered Agent
**DONZIGER, MICHAEL J.
8235 GARDEN VIEW CT.
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (R.F.D. No., Box Number, if Not Applicable) **1551 So. 1st ST. APT. 603**
83.
84. City **Jacksonville Beach** FL 85. Zip Code **32250**

11. Pursuant to the provisions of Sections 607.02(2)(b) and 607.02(2)(c) 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, thereby accept the appointment as registered agent. I am familiar with and accept the compliance of the laws of the State of Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY, STATE
PD	DONZIGER, MICHAEL J.	8235 GARDEN VIEW CT. JACKSONVILLE FL	
VP	VANDROFF, ARNOLD E	6787 LINFROD LANE JACKSONVILLE BCH. FL	
S	VANDROFF, STANLEY	3709 CATHEDRAL OAKS PLN JACKSONVILLE FL	
OFFICER	NAME	STREET ADDRESS	CITY, STATE
NAME			
OFFICER	NAME	STREET ADDRESS	CITY, STATE
NAME			
OFFICER	NAME	STREET ADDRESS	CITY, STATE
NAME			
OFFICER	NAME	STREET ADDRESS	CITY, STATE
NAME			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY, STATE	Change	Addition
VP	MICHAEL SCHNEIDER	4215 SOUTHPOINT BLDG SUITE 100 JACKSONVILLE, FL.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, STATE	Change	Addition
NAME				<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, STATE	Change	Addition
NAME				<input type="checkbox"/>	<input type="checkbox"/>
OFFICER	NAME	STREET ADDRESS	CITY, STATE	Change	Addition
NAME				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to file this report as required by the Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my report shall have the same legal effect as if made under oath. All changes to officers or directors of this corporation or the names or legal designations of this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report are correct and confirmed with an address.

SIGNATURE: *Michael Donziger*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR

5/16/95 904.367.8620

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 23 11:10:15

DOCUMENT # **472426** (6)

Incorporated Under
CARR PROPERTIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office of Corporation 4100 NE 26TH AVENUE LIGHTHOUSE PNT FL 33064		Main Office Address 4100 NE 26TH AVENUE LIGHTHOUSE PNT FL 33064		3. Date the corporation was organized 03/25/1975	3a. Date of Last Report 03/28/1994
2. Principal Office of Home Office 21	2a. Mailing Address 26	4. FIC Number 59-2480532	Applied For Not Applicable		
State Apt # etc. 22	State Apt # etc. 27	5. Certificate of State Interest <input type="checkbox"/>	\$8.75 Additional Fee Required		
City and State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
City 24	County 25	City 29	County 30	7. This corporation has liability for attempted to collect 25 THRU 28 FLORIDA STATUTES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARR, VINCENT J 4100 N.E. 26TH AVE. LIGHTHOUSE PNT FL 33064				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number or Not Applicable)	
				83.	
				84. City	FL 85. Zip Code

11. The applicant, the proponent of Sections 607 (b)(2) and 607 (b)(3) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. 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 (b)(3) Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
NAME	P CARR, VINCENT J 4100 NE 26TH AVE. LIGHTHOUSE PNT FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST CARR, PATRICIA K 4100 NE 26TH AVE. LIGHTHOUSE PNT FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY AND STATE		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY AND STATE		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY AND STATE		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119 (b)(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 person empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 1, or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Vincent J. Carr VINCENT J. CARR, PRES. 5/17/95 305-542-3199
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR

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

APPROVED TO
ADD
FEE

CORPORATION
ANNUAL REPORT
1995



OFFICE OF SECRETARY OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

RECEIVED JUN 15
OFFICE OF STATE
SECRETARY, FLORIDA

DOCUMENT # 474751 (5)

SARASOTA WOMAN'S HEALTH CENTER, INC.

5025 NORTH TAMiami TRAIL SARASOTA FL 34234-3876
5025 NORTH TAMiami TRAIL SARASOTA FL 34234-3876

PRINT WHILE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
1. Filing Date of Report	2a. Mailed Address	3. Date of Report	4. FET Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Date of Last Report	8. This corporation has liability for intangible tax under § 199.032, Florida Statute	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
		04/28/1995	59-1583653	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	04/19/1994	<input type="checkbox"/> Yes <input type="checkbox"/> No	CANAVAN, THOMAS 4401-4TH ST.,N. ST. PETERSBURG FL 33703	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
CANAVAN, THOMAS 4401-4TH ST.,N. ST. PETERSBURG FL 33703					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 607.05(1) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. Such a change will be authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties imposed by Sections 607.05(1) and 607.1508, Florida Statutes.

SIGNATURE: *George M. Nauert* 5.15.95

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.1	STD NAUERT JODELL L 4401-4TH ST.,N. ST PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.1		
12.2	VD CANAVAN, THOMAS 4401-4TH ST.,N. ST PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2		
12.3	DP NAUERT, G MICHAEL 4401-4TH ST.,N. ST PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.3		
12.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4		
12.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.5		
12.6		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6		
12.7		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.7		

14. I, the undersigned, certify that the information supplied with this filing is, substantially true and correct, and that the corporation is in compliance with the provisions of Sections 607.05(1) and 607.1508, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation, or a member or trustee (trustee) of a trust or other trust instrument, or a person or trustee (trustee) of a trust or other trust instrument, and that my name appears on the list of officers, directors, members or trustees of the corporation, and that my name appears on the list of officers, directors, members or trustees of the corporation.

SIGNATURE: *George M. Nauert* 5/15/95 (813) 355-9796
George M. Nauert

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morhart
Secretary of State
Division of Corporations

APPROVED
AND
FILED

SEARCHED INDEXED 23

FILED IN THE STATE
RECORDS OFFICE, TALLAHASSEE, FLORIDA

DOCUMENT # **476281** (1)
AKM PLUMBING SERVICES, INC.

EXCEPT WHERE SHOWN OTHERWISE

Principal Office of Corporation: **2173 N. STATE ROAD 7 MARGATE FL 33063**
Mailing Address: **5130 NORTHWEST 15TH STREET BUILDING B, BAY 4 MARGATE FL 33063 US**

3. Date of Incorporation or Organization: **05/20/1975**
3a. Date of Last Report: **08/23/1994**
4. FEI Number: **59-1607421**
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. This corporation has liability for enterprise tax under Section 218 of the Florida Statutes: Yes No

2. Principal Office of Business: **21**
2b. Mailing Address: **26**
22. Suite, Apt. # etc.: **27**
23. City & State: **28**
24. Country: **29**
25. Country: **30**

9. Name and Address of Current Registered Agent:
**COTTRILL, CHARLES L.
STAR RT 1, BOX 637-C
SATSUMA FL 32189**

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

11. I, the undersigned, the president of Section 607, 608, and 609, 1506 Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office and 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 hereby withdrawing the resignation of Section 607, 608, Florida Statutes.

FOR PARTIAL: 1. The corporation has not changed its registered agent since the filing of this statement. 2. The corporation has changed its registered agent since the filing of this statement.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TYPE: P	COTTRILL, CHARLES L. RT.1, BOX 637-C SATSUMA FL	1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE: ST	CLARK, ROBERT L. 771 BUCKLAKE ROAD TALLAHASSEE FL	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		8. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		9. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TYPE:		10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information furnished with this filing voluntarily furnished and does not equally for the provisions stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature is not false. The above registered fee, if applicable, under state that I am an officer or director of the corporation or the recipient of business correspondence to generate this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 13 if checked, or in attachment with my address.

SIGNATURE: *Charles L. Cottrill* **C. Cottrill** 5/12/95 305-971-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
ANDREW B. MANDEL
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # **477068**

(1)

1. Corporation Name

MAY FINANCIAL CORP.

MAY 22 11:15
DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4458 WOODMERE AVENUE JACKSONVILLE FL 32210**
Mailing Address: **4458 WOODMERE AVENUE JACKSONVILLE FL 32210**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated (or Chartered):	3b. Date of Last Report:	4. FID Number:	Approved For:
21	26	05/30/1975	05/01/1994	59-1615346	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired:	\$8.75 Additional Fee Required		
23. City & State:	28. City & State:	6. Election Campaign Financing / Trust Fund Contribution:	\$5.00 May Be Added to Fees		
24. State:	25. Country:	29. State:	30. Country:	6. This corporation has liability for attorney fees under Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MAY, PHILIP S., JR. 4324 MCGIRTS BLVD JACKSONVILLE FL 32210		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 607.06(2) and 607.14(6), 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 I accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
12.1 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	PD MAY, PHILIP S., JR. 4324 MCGIRTS BLVD JACKSONVILLE FL	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 1911(2)(b) Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or officer or director of the corporation and I am filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing (changed or not an attachment with an address).

SIGNATURE: *Philip S. May, Jr.*
 PRINTED NAME OF SIGNER OR DIRECTOR: **Philip S. May, Jr.**
 5-19-95 904/348-2878