

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

CORPORATION
ANNUAL REPORT
1995



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

RECEIVED
AND
FILED

MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **548672** (5)

RED BALLOON, INC.

Principal Place of Business: 1800 FOREST HILL BLVD #12A WEST PALM BEACH FL 33406
Mailing Address: 1800 FOREST HILL BLVD #12A WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 10/06/1977
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1849638
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for franchise fees under § 139.025 Florida Statutes: Yes No

2. Principal Place of Operation: 21 []
2a. Mailing Address: 26 []
22. State Apt # etc: 27 []
23. City & State: 28 []
24. [] 25. [] 29. [] 30. []

9. Name and Address of Current Registered Agent
SNAYD, PATRICIA S
7104 PINE TREE LANE
WEST PALM BEACH FL 33406

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

11. Pursuant to the provisions of the Florida Statutes, this at-large named corporation admits this statement for the purpose of changing its registered office or registered agent or both as the Florida Statutes require, and that the corporation's board of directors, thereby, has accepted the appointment as registered agent. I, the person with authority to sign this report, am the authorized officer of the corporation.

SIGNATURE: []

12. OFFICERS AND DIRECTORS

NAME	V SNAYD, RAYMOND R 7104 PINE TREE LANE WEST PALM BEACH FL 33406
NAME	PST SNAYD, PATRICIA S 7104 PINE TREE LANE WEST PALM BEACH FL 33406
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is correct, true and correct, and that I am duly qualified to be the undersigned as required by the Florida Statutes. I further certify that the information supplied with this report is correct, true and correct, and that I am duly qualified to be the undersigned as required by the Florida Statutes. I further certify that I am duly qualified to be the undersigned as required by the Florida Statutes. I further certify that I am duly qualified to be the undersigned as required by the Florida Statutes.

SIGNATURE: Patricia S. Snayd
5/16/95 407 966-7956

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

COMPROFESSIONAL
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
REGISTERED AGENTS

APPROVED
AND
FILED

RECEIVED MAY 10 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **554663** (5)

DRS. SMITH, HOWARD AND WARMAN, P.A.

6201 SW 70TH STREET
SOUTH MIAMI FL 33143-4718
3200 SW 60 CT #103
MIAMI FL 33155

*60 SW 70TH STREET
SOUTH MIAMI FL 33143-4718 closed*

21. 3200 SW 60 CT	26. 3200 SW 60 CT	4. 59-1777328	Approved For Not Applicable
22. 103	27. 103	5. <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Miami FL	28. Miami FL	6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 33155	25. DADE	29. 33155	30. DADE

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOWARD, CLEVE 3200 SW 60 CT. #103 MIAMI FL 33155		B1. Name	B5. Zip Code
		B2. Street Address (P.O. Box Number is Not Acceptable)	FL
		B3.	
		B4. City	

11. Pursuant to the provisions of Sections 201.01 and 201.02, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office as registered agent in this State of Florida, but the change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with the filing requirements of the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDRESSES CHANGED, TO BE ADDED AND DELETED	
NAME	PD HOWARD, CLEVE W 3200 SW 60 CT., #103 MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I hereby certify that the information supplied with this filing is voluntarily furnished and follows the requirements of Sections 201.01 and 201.02, Florida Statutes. I further certify that the information was obtained as the result of a request for appointment as registered agent in this State of Florida, but the change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent in this State of Florida, but the change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with the filing requirements of the Florida Statutes, and that my name appears in Block 13 of this report, as required by the Florida Statutes.

SIGNATURE: *R. Warman, M.D.*
ROBERTO WARMAN, M.D.
5-12-95 305-662-8390

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APPROVED
AND
FILED

MAY 20 1995 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **558484** (2)
1. Corporation Name:
BAKER'S DOZEN DONUTS, INC.

Principal Place of Business: **C/O SIROUNIS
061 S.W. 15TH STREET
BOCA RATON FL 33486**

Mailing Address:
**C/O SIROUNIS
061 S.W. 15TH STREET
BOCA RATON FL 33486**

2. Principal Place of Business: **21**
3a. Mailing Address: **26**
3b. Date of Last Report: **04/21/1994**
4. FEI Number: **59-1828907**
5. Certificate of State 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 intangible tax under Florida Statutes: Yes No

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/30/1978**
4. Applied For: Not Applicable
5. Certificate of State 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 intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**SIROUNIS, BOB
1525 SE 14TH CT.
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 602 (PART) and 603 (3)(B) 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 hereby authorized to accept the appointment as registered agent. Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 NAME: P SIROUNIS, BOB		13-1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 STREET ADDRESS: 1525 SE 14TH CT.		13-2 STREET ADDRESS:	
12-3 CITY, STATE, ZIP: DEERFIELD BEACH FL		13-3 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 NAME:		13-4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 STREET ADDRESS:		13-5 STREET ADDRESS:	
12-6 CITY, STATE, ZIP:		13-6 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME:		13-7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 STREET ADDRESS:		13-8 STREET ADDRESS:	
12-9 CITY, STATE, ZIP:		13-9 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-10 NAME:		13-10 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 STREET ADDRESS:		13-11 STREET ADDRESS:	
12-12 CITY, STATE, ZIP:		13-12 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and shows and explains fully the exemption stated in Section 133 (2)(3)(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. That I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an addition with an address.

SIGNATURE: _____
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

5/10/95 305-972-0613

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
1995

APPROVED AND FILED
MAY 22 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **559686** (1)

Glencoe Veterinary Hospital, Inc.

Principal Office Address: **423 N GLENCOE RD NEW SMYRNA BCH FL 32168**
Mailing Address: **423 N GLENCOE RD NEW SMYRNA BCH FL 32168**

DO NOT WRITE IN THIS SPACE

1. Principal Office City/State	2a. Mailing Address City/State	3. Date of Incorporation or Qualification	3a. Date of Last Report
21. State Apt. # (city)	26. State Apt. # (city)	02/14/1978	07/01/1994
22. City & State	27. City & State	4. FID Number	Applied For / Not Applicable
23. City & State	28. City & State	59-1833787	
24. City & State	29. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. City & State	30. City & State	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
		6. This corporation is complying with management fee statute of Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRYANT, JEANE 423 N GLENCOE RD NEW SMYRNA BCH, FL 32168-4837	81. Name 82. Street Address (if O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.05(3) and 607.15(3), Florida Statutes, the above named corporation certifies the statement for the purpose of signing its registered office or registered agent or both as the State of Florida. Such filing was authorized by the corporation's board of directors. I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Sections 607.05(3) Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PD BRYANT, ROBERT	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	423 N. GLENCOE RD.	2. STREET ADDRESS	
3. CITY/STATE	NEW SMYRNA BCH. FL	3. CITY/STATE	
4. NAME	STD BRYANT, JEANE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	423 N. GLENCOE RD.	5. STREET ADDRESS	
6. CITY/STATE	NEW SMYRNA BCH, FL 00000	6. CITY/STATE	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY/STATE		9. CITY/STATE	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY/STATE		12. CITY/STATE	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY/STATE		15. CITY/STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and qualify for the exemption stated in Section 607.05(3) Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made in person. That I am the officer or director of the corporation or the individual trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers, directors, trustees or other persons authorized to execute this report.

SIGNATURE: *Jeane Bryant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 984-427-414

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 11 20 11 10:20
CORPORATION STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **562821** (9)
1. Corporation Name:
ATLANTIC WATERPROOFING, INC.

Principal Office of Business: **1152 NE 48TH ST
POMPANO BEACH FL 33064**
Mailing Address: **1152 NE 48TH ST
POMPANO BEACH FL 33064**

(DO NOT WRITE IN THIS SPACE)

3a. Date Incorporated or Chartered: **03/23/1978**
3b. Date of Last Report: **04/07/1994**
4. FEI Number: **59-1946938**
Applied For: 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 authority for adaptation for election in Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent:
**BUTLER JR, JOE Z.
1350 NE 27 TERRACE
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number, if Not Applicable):
83:
84 City: **FL** 85 Zip Code:

11. I, the undersigned, the president or officer of Sections 607.01(4), 607.01(5) and 607.15(2)(b), Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office or registered agent in 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 filing this report in compliance of Sections 607.01(4), 607.01(5) and 607.15(2)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	DPT
NAME	BUTLER JR, JOE Z.
STREET ADDRESS	1350 NE. 27TH TERR.
CITY	POMPANO BEACH FL
OFFICER	V
NAME	BRIGHT, STEVEN R.
STREET ADDRESS	638 N.W. 47TH ST.
CITY	POMPANO BCH FL
OFFICER	S
NAME	PIERSON, PHILLIP D.
STREET ADDRESS	528 SE 12 AVE
CITY	DEERFIELD BCH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY	
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	
16. NAME	
17. STREET ADDRESS	
18. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 607.01(4), 607.01(5), Florida Statutes. I further certify that the information reflected 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 trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, Block 11, Block 12, Block 13, Block 14, Block 15, Block 16, Block 17, Block 18, Block 19, Block 20, Block 21, Block 22, Block 23, Block 24, Block 25, Block 26, Block 27, Block 28, Block 29, Block 30, Block 31, Block 32, Block 33, Block 34, Block 35, Block 36, Block 37, Block 38, Block 39, Block 40, Block 41, Block 42, Block 43, Block 44, Block 45, Block 46, Block 47, Block 48, Block 49, Block 50, Block 51, Block 52, Block 53, Block 54, Block 55, Block 56, Block 57, Block 58, Block 59, Block 60, Block 61, Block 62, Block 63, Block 64, Block 65, Block 66, Block 67, Block 68, Block 69, Block 70, Block 71, Block 72, Block 73, Block 74, Block 75, Block 76, Block 77, Block 78, Block 79, Block 80, Block 81, Block 82, Block 83, Block 84, Block 85, Block 86, Block 87, Block 88, Block 89, Block 90, Block 91, Block 92, Block 93, Block 94, Block 95, Block 96, Block 97, Block 98, Block 99, Block 100.

SIGNATURE: *[Signature]* **JOE Z. BUTLER** 5/15/95 (305) 914 4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON FILED OR FILED OFF

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

APPROVED AND FILED
 25 MAY 22 1994 15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sarah B. Morrison
 Secretary of State
 1905 N.W. 17th Avenue, Tallahassee, Florida 32304-2500

DOCUMENT # **563054** (6)

ROCKY BEAR ENTERPRISES, INC.

Principal Office (Mailing Address)
**450 FAIRWAY DR
 SUITE 102
 DEERFIELD BCH FL 33441**
 33441

Mailing Address
**450 FAIRWAY DR
 SUITE 102
 DEERFIELD BCH FL 33441**
 33441

2. Principal Office (Mailing Address) 2a. Mailing Address
 21. State: **FL** 26. State: **FL**
 22. City: **Deerfield Beach** 27. City: **Deerfield Beach**
 23. Zip: **33441** 28. Zip: **33441**
 24. County: **St. Lucie** 30. County: **St. Lucie**

3. Date of Incorporation (Original) **03/14/1978** 3a. Date of Last Report **09/01/1994**
 4. FEI Number **59-1805618** 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 enterprise tax under the 1993 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MEYER, JEFFREY W.
 450 FAIRWAY DR
 102
 DEERFIELD BCH FL 33442** 33441

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. City
 84. State: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0105 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 this position as set forth in Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P MEYER, JEFFREY 450 FAIRWAY DR 102 DEERFIELD BCH FL 33441	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY		3. STREET ADDRESS	
STATE		4. CITY	
ZIP		5. STATE	
COUNTY		6. COUNTY	
1995 TERM		7. NAME	
1996 TERM		8. STREET ADDRESS	
1997 TERM		9. CITY	
1998 TERM		10. STATE	
1999 TERM		11. COUNTY	
2000 TERM		12. NAME	
2001 TERM		13. STREET ADDRESS	
2002 TERM		14. CITY	
2003 TERM		15. STATE	
2004 TERM		16. COUNTY	
2005 TERM		17. NAME	
2006 TERM		18. STREET ADDRESS	
2007 TERM		19. CITY	
2008 TERM		20. STATE	
2009 TERM		21. COUNTY	

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 190.01, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears on Block 1 of Block 1 of a separate or an attachment with an address.

SIGNATURE: *Jeffrey W. Meyer* 5/17/95 305-437-3636
 SECRETARY OF STATE

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

MAY 10 7 10:15

CORPORATION OFFICE
JALAPA WALK, FLORIDA

DOCUMENT # **564127** (9)
SIEGFRIED, RIVERA, LERNER, DE LA TORRE & PETERSE
N. P.A.

Principal Place of Business: 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134
Mailing Address: 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134

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		26		12/02/1977	05/01/1994
22		27		4. FEI Number	Applied For
23		28		59-1777539	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		7. This corporation has liability for filing the annual report under 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			
SIEGFRIED, STEVEN M. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134				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 and 607.1506, Florida Statutes, this officer/registered agent/registered agent in charge of this 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607 and 607.1506, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TYPE	NAME	TYPE	NAME
PD	SIEGFRIED, STEVEN M. 201 ALHAMBRA CIR 1102 CORAL GABLES, FL 0	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DTV	RIVERA, OSCAR R. 201 ALHAMBRA CIR 1102 CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DSV	LERNER, LISA A. 201 ALHAMBRA CIR 1102 CORAL GABLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DVP	DE LA TORRE, HELIO 201 ALHAMBRA CIR 1102 CORAL GABLES 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, the declarant, certify that the information contained in this filing is voluntarily furnished and that it is true and correct 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 a person authorized 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 form with an address.

SIGNATURE: *[Signature]* 5-15-95 305.442-3334
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murray
Secretary of State
Legislative Office Building, Tallahassee

07 MAY 96 11:10:15

DOCUMENT # **564137** (8)

SIRODINE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**7040 SW 21ST PLACE
DAVIE FL 33317 - 7777**

**7040 SW 21ST PLACE
DAVIE FL 33317 - 7777**

CONTACT WHERE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1977
3a. Date of Last Report 04/05/1994

21. Principal Office	2a. Mailing Address	4. FIC Number	Applied For Not Applicable
22. Principal Office	2b. Mailing Address	5. Certificate of Status (renewed)	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Principal Office	2c. Mailing Address	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Principal Office	2d. Mailing Address	7. This corporation has complied with the provisions of section 607.14, Florida Statute.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SPEISER, JANE E
7040 SW 21ST PL
DAVIE FL 33317 - 7777**

10. Name and Address of New Registered Agent

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

11. I, the undersigned, being duly sworn, depose and say that the foregoing information is true and correct, and that the undersigned is duly qualified to act as registered agent for the corporation named herein, and that the undersigned is duly qualified to act as registered agent for the corporation named herein, and that the undersigned is duly qualified to act as registered agent for the corporation named herein.

12. OFFICERS AND DIRECTORS

NAME	PD SIROCCO, NORMA D.
STREET ADDRESS	2710 JACKSON STREET
CITY AND STATE	HOLLYWOOD FL - 4812
NAME	ST SPEISER, JANE E.
STREET ADDRESS	2710 JACKSON STREET
CITY AND STATE	HOLLYWOOD FL - 4812

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY AND STATE		

14. I, the undersigned, being duly sworn, depose and say that the information supplied with this filing, including financial statements and equity, for the corporation stated as true and correct, and that the undersigned is duly qualified to act as registered agent for the corporation named herein, and that the undersigned is duly qualified to act as registered agent for the corporation named herein, and that the undersigned is duly qualified to act as registered agent for the corporation named herein.

SIGNATURE: *Jane Speiser*
 MONITOR AND TYPED ON PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
 JANE SPEISER
 Date: *7/25/95*