

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

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AND
FILED**

MAY -1 AM 4:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L21802** (8)
T. Corporation Name
SHERWOOD WEST ASSOCIATES, INC.

Principal Place of Business: **2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES FL 33134 US**
Mailing Address: **2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES FL 33134 US**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/09/1989**
3a. Date of Last Report: **04/29/1994**
4. FBI Number: **65-0156433**
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 liability for intangible tax under S. 199 U.S. Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BOGGIO, LLOYD
2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134**

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 607.011(1) 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 Sections 607.011(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | | | |
|------------------------------------|---|---------------------|----------------------------|--|
| 01. NAME: D MARCUS, STEWART | 02. STREET ADDRESS: 2121 PONCE DE LEON BLVD., PH 2 CORAL GABLES FL | 03. CITY: FL | 04. ZIP CODE: 33134 | 05. Change <input type="checkbox"/> Add <input type="checkbox"/> |
| 06. NAME: D BOGGIO, LLOYD | 07. STREET ADDRESS: 2121 PONCE DE LEON BLVD., PH2 CORAL GABLES FL | 08. CITY: FL | 09. ZIP CODE: 33134 | 10. Change <input type="checkbox"/> Add <input type="checkbox"/> |
| 11. NAME: | 12. STREET ADDRESS: | 13. CITY: | 14. ZIP CODE: | 15. Change <input type="checkbox"/> Add <input type="checkbox"/> |
| 16. NAME: | 17. STREET ADDRESS: | 18. CITY: | 19. ZIP CODE: | 20. Change <input type="checkbox"/> Add <input type="checkbox"/> |
| 21. NAME: | 22. STREET ADDRESS: | 23. CITY: | 24. ZIP CODE: | 25. Change <input type="checkbox"/> Add <input type="checkbox"/> |
| 26. NAME: | 27. STREET ADDRESS: | 28. CITY: | 29. ZIP CODE: | 30. Change <input type="checkbox"/> Add <input type="checkbox"/> |
| 31. NAME: | 32. STREET ADDRESS: | 33. CITY: | 34. ZIP CODE: | 35. Change <input type="checkbox"/> Add <input type="checkbox"/> |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information included with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.011(2)(b), Florida Statutes. I further certify that the information made available to the public regarding the corporation and its officers and directors 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 former or former employment to use with this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 of this filing or in any attachments with an address.

SIGNATURE:  **Lloyd J. Boggio** 4/20/95 (305) 441-8188
INDICATE AND CHECK OR PRINTED NAME OF OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L23740 (8)

1. Corporation Name
D.E.L. JR. INVESTMENTS, INC.

Principal Place of Business: **302 RIDGE DRIVE NAPLES FL 33963**
Mailing Address: **302 RIDGE DRIVE NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incepted or Qualified: **10/16/1989** 3a. Date of Last Report: **06/13/1994**

4. FEI Number: **65-0149607** 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. 190.032, 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: 25. County: 28. Zip: 30. County:

9. Name and Address of Current Registered Agent
**PARRY, TIMOTHY R., ESQUIRE
800 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 33963**

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 607.0506, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | LEE, DERILL JR |
| STREET ADDRESS | 639 POMPANO DRIVE |
| CITY, ST, ZIP | NAPLES FL |
| 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY:

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, ST, ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is not guilty for the corporation stated in Sections 119.021 and 119.022, Florida Statutes. I further certify that the information was also on the previous report or supplemental 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 incorporator or founder empowered to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 14 of this report as an officer or director.

SIGNATURE: *Derill Lee Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 813-597-069

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AND
FILED

COMM - 1 1996 09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995 *5-1-95*

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

B-16379C

DOCUMENT # **L24909** (8)

1. Corporation Name
GOURMET CONSULTANTS, INC.

Principal Place of Business: **% ROSALIND S. STUBENBERG
9507-64TH AVE E
BRADENTON FL 34202**

Main Office: **% ROSALIND S. STUBENBERG
9507-64TH AVE E
BRADENTON FL 34202**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

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

23. City, State: **28**

24. **25** **29** **30**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **09/28/1989**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2976886**

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 § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**STUBENBERG, ROSALIND S.
1694 HAWTHORNE ST.
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 147.001, 147.002, and 147.003 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) in the State of Florida. This 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 147.002 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

D

NAME: **STUBENBERG, ROSALIND S.**

STREET ADDRESS: **9507-64TH AVE E**

CITY, STATE, ZIP: **BRADENTON FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

2. NAME

2. STREET ADDRESS

2. CITY, STATE, ZIP

3. NAME

3. STREET ADDRESS

3. CITY, STATE, ZIP

4. NAME

4. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

5. STREET ADDRESS

5. CITY, STATE, ZIP

6. NAME

6. STREET ADDRESS

6. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.07(1)(b) Florida Statutes. I further certify that the information was used on this annual report or supplemental annual report in true and accurate form and that the signatures shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its registered agent or principal officer, and I am authorized to execute this report as required by Chapter 007 Florida Statutes, and that my name appears in Block C or Block F of this report, or on an attachment with an address.

SIGNATURE: *Rosalind S. Stubenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 8137512077

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

APPROVED AND FILED

MAY - 1 1995 3:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **L24936** (1)
 1. Corporation Name:
J.R.N.R., INC.

Principal Place of Business: **3147 W. VINE STREET KISSIMMEE FL 34741**
 Mailing Address: **3147 W. VINE STREET KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-------------------------------|--|-------------------------|--|---|--|--------------------------------|--|
| 2. Principal Name of Business | | 2a. Mailing Address | | 3. Date the Corporation or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 10/24/1989 | | 11/04/1994 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-2978199 | | Not Applicable | |
| 23. City & State | | 28. City & State | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23 | | 28 | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 24. Zip | | 29. Zip | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24 | | 29 | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 25. County | | 30. County | | 8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes | | | |
| 25 | | 30 | | <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 | | | |
| NANPATEE, RAJDAI 3147 W VINE STREET KISSIMMEE FL 34741 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | | | |
| | | | | FL | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 Representative)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: | |
|----------------------------|----------------|--|---|
| TITLE | NAME | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 2. NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 3. STREET ADDRESS | |
| | | 4. CITY, ST, ZIP | |
| TITLE | NAME | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 6. NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 7. STREET ADDRESS | |
| | | 8. CITY, ST, ZIP | |
| TITLE | NAME | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 10. NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 11. STREET ADDRESS | |
| | | 12. CITY, ST, ZIP | |
| TITLE | NAME | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 14. NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 15. STREET ADDRESS | |
| | | 16. CITY, ST, ZIP | |
| TITLE | NAME | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | STREET ADDRESS | 18. NAME | |
| CITY, ST, ZIP | CITY, ST, ZIP | 19. STREET ADDRESS | |
| | | 20. 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 114.07(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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Rajdaei Nanpatee*
 Rajdaei Nanpatee
 5/1/95 407-870-8747