

**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 JUN - 1 AM 8: 55

**DOCUMENT # N93000002721 (9)**

1. Corporation Name  
**SERVICE METRO CORP.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**% ROBERT W. KIEVIT/ RAY KIEVIT & KELLY**  
15 W MAIN ST  
PENSACOLA FL 32501

3. Date Incorporated or Qualified **06/09/1993** 3a. Date of Last Report **02/17/1994**

4. FEI Number **59-3189968** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **% Phillips & Company** 26 **% Phillips & Company**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **3728 Phillips Hwy. # 39** 27 **3728 Phillips Hwy. # 39**  
City & State City & State  
23 **JACKSONVILLE, FLORIDA** 28 **JACKSONVILLE, FLORIDA**  
Zip Country Zip Country  
24 **32207** 25 **USA** 29 **32207** 30 **U.S.A.**

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 § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY KIEVIT & KELLY PA**  
15 W MAIN ST  
PENSACOLA FL 32501

81 Name **PHILLIPS & COMPANY**  
82 Street Address (P.O. Box Number is Not Acceptable) **3728 PHILLIPS HWY. # 39**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32207**

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]* 5/26/95

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>DAVIS, G. MILES</b>	1.2 NAME	
STREET ADDRESS	<b>25 W CEDAR STREET</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PENSACOLA FL 32501</b>	1.4 CITY, ST, ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, EARL D JR</b>	2.2 NAME	
STREET ADDRESS	<b>5894 GRANDE LAGOON BLVD</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PENSACOLA FL 32507</b>	2.4 CITY, ST, ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, KATHLEEN C</b>	3.2 NAME	
STREET ADDRESS	<b>2485 TRONJO CIR</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PENSACOLA FL 32504</b>	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(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 founder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 5/26/95 904/396-9960

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CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # N93000003520 (4)**

1. Corporation Name  
**PARK BEACH CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.**

Principal Place of Business <b>2011 N.E. 214TH STREET NORTH MIAMI BEACH FL 33179</b>	Mailing Address <b>2011 N.E. 214TH STREET NORTH MIAMI BEACH FL 33179</b>
---	---

2. Principal Place of Business 21 <b>7832 Collins Ave</b>	2a. Mailing Address 26 <b>7832 Collins Ave</b>
22 Sute, Apt. #, etc.	27 Sute, Apt. #, etc.
23 City & State <b>Miami Beach FL</b>	28 City & State <b>Miami Beach FL</b>
24 Zip <b>33141</b> Country <b>USA</b>	29 Zip <b>33141</b> Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/03/1993</b>	3a. Date of Last Report <b>01/27/1994</b>
4. FEI Number <b>65-0434102</b>	Applied For <input type="checkbox"/> 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 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	

9. Name and Address of Current Registered Agent <b>ROSE, ELLEN 1111 LINCOLN ROAD MIAMI BEACH FL 33139</b>				10. Name and Address of New Registered Agent	
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, typed or printed name of registered agent and the corporation (NOT) Registered Agent signature required when modifying \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>STD</b>	<b>WAGENBERG, SALO</b>	11 TITLE <b>President, Secretary, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME <b>JULIO LUIS</b>	
STREET ADDRESS <b>2010 N.E. 214TH TERR.</b>		13 STREET ADDRESS <b>7832 COLLINS AVE Apt 603</b>	
CITY ST ZIP <b>N MIAMI BEACH FL 33179</b>		14 CITY ST ZIP <b>MIAMI BEACH FL 33141</b>	
TITLE <b>VD</b>	<b>DUNAIEVSKY, DOV</b>	21 TITLE <b>VICE PRESIDENT, DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME <b>LOUIS John Hernandez</b>	
STREET ADDRESS <b>3814 COLLINS AVE</b>		23 STREET ADDRESS <b>7832 COLLINS AVE Apt 603</b>	
CITY ST ZIP <b>MIAMI BEACH FL 33140</b>		24 CITY ST ZIP <b>MIAMI BEACH FL 33141</b>	
TITLE <b>PD</b>	<b>RESNICK, JAMES</b>	31 TITLE <b>TREASURER, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME <b>ANTONIO LEAL</b>	
STREET ADDRESS <b>1228 ALTON ROAD</b>		33 STREET ADDRESS <b>7832 COLLINS AVE Apt 503</b>	
CITY ST ZIP <b>MIAMI BEACH FL 33139</b>		34 CITY ST ZIP <b>MIAMI BEACH FL 33141</b>	
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 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 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 of this report, or on an attachment with an address.

SIGNATURE: *Julio Luis Pres* **Julio Luis Pres** **5/9/95** **305-2985299**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT  
**1995**



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

**DOCUMENT # N93000003598 (0)**

1. Corporation Name

**WARRIORS OF LIGHT MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**7632 NW 5TH ST #11-2D  
PLANTATION FL 33324**

**7632 NW 5TH ST #11-2D  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/06/1993**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0429565**

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, BYRON  
7632 NW 5TH ST #11-2D  
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 (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>GLOVER, JENNIE</b>
STREET ADDRESS	<b>2713 NW 119TH TERRACE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<b>VP</b>
NAME	<b>GLOVER, SAM</b>
STREET ADDRESS	<b>2713 NW 119TH TERRACE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<b>VP</b>
NAME	<b>PERRY, BYRON</b>
STREET ADDRESS	<b>7632 NW 5TH ST. #11-2D</b>
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>
TITLE	<b>D</b>
NAME	<b>GRIFFITH, BARBARA</b>
STREET ADDRESS	<b>7632 NW 5TH ST. #11-2D</b>
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>
TITLE	<b>DPAS</b>
NAME	<b>MCKENZIE, E.J.</b>
STREET ADDRESS	<b>PANARAMA CHRISTIAN CENTER 4760 NW 167 ST.</b>
CITY - ST - ZIP	<b>MIAMI FL 33014</b>
TITLE	<b>D</b>
NAME	<b>SCAVONE, AL</b>
STREET ADDRESS	<b>ABUNDANT LIFE CHRIS-CENTER, 1490 BANKS RD.</b>
CITY - ST - ZIP	<b>MARGATE FL 33063</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 11D.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:

*Jennie Glover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional) Title

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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 1995

DOCUMENT # **N93000003792 (9)**

1. Corporation Name

**THE APOSTLES FAITH HOLINESS CHURCH OF JESUS CHRI  
ST, INC.**

Principal Place of Business

Mailing Address

1830 W MAXWELL STREET  
PENSACOLA FL 32501

1830 W MAXWELL STREET  
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/23/1993**

3a. Date of Last Report  
**05/27/1994**

4. FEI Number  
**59-3198212**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$6.75** 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

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

10. Name and Address of New Registered Agent

**MCKENZIE, ELDER R.L.  
1830 W. MAXWELL ST.  
PENSACOLA FL 32501**

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 **D**  
NAME ~~DAVE WILHELM~~  
STREET ADDRESS ~~4047 AVENUE RD.~~  
CITY, ST, ZIP ~~CANNONMENT FL 32503~~

11 TITLE **D**  Change  Addition  
12 NAME **MCKENZIE, BARCLAY**  
13 STREET ADDRESS **1830 W. MAXWELL ST.**  
14 CITY, ST, ZIP **PENSACOLA, FL 32501**

TITLE **SD**  
NAME **MCKENZIE, SHIRLEY**  
STREET ADDRESS **1830 W. MAX WELL ST.**  
CITY, ST, ZIP **PENSACOLA FL 32501**

21 TITLE **SD**  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE **D**  
NAME ~~WILLIAM ROBERTA~~  
STREET ADDRESS ~~1500 WILSON DR.~~  
CITY, ST, ZIP ~~PENSACOLA FL 32505~~

31 TITLE **D**  Change  Addition  
32 NAME **ELIZABETH ANNE PARIS**  
33 STREET ADDRESS **6322 1/2 RD. OLD PALM FAX H.I.**  
34 CITY, ST, ZIP **PENSACOLA, FL 32513**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  Change  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 employed to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or in an attachment with an address.

SIGNATURE: *Elder R.L. McKenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 904 483-4941  
DATE (Type) (Typed Name)

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

25 JUN 1993

DOCUMENT # **N93000005193 (8)**

1. Corporation Name

**VOLUNTEER JACKSONVILLE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

4049 WOODCOCK DR  
S100  
JACKSONVILLE FL 32207  
US

4049 WOODCOCK DR  
S100  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/17/1993** 3a. Date of Last Report **02/16/1994**  
4. FEI Number **59-3214523** Applied For  
Not Applicable

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

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONROE, SARAH F  
4049 WOODCOCK DR  
S100  
JACKSONVILLE FL 32207

81 Name **JUDITH A. M. SMITH**  
82 Street Address (P.O. Box Number is Not Acceptable) **4049 Woodcock Drive, Suite 100**  
83  
84 City **Jacksonville** **FL** 85 Zip Code **32207**

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 **Judith A. M. Smith**

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

(NOTE: Registered Agent's duties are assumed when filing this statement)

4-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	JORDAN, JANE	4741 ATLANTIC BLVD, SUITE B-2	JACKSONVILLE FL	D	Judy Hall	50 Laura Street	Jacksonville, Fl. 32202
D	HALL, JUDY	PO BOX 990 N/A	JACKSONVILLE FL 32231	D	Barbara Drake	2127 Hubbard Street	Jacksonville, Fl. 32203
D	SYNDER, HOWARD	P O BOX 649 N/A	JACKSONVILLE FL	D	Sol Brotman	3647 Hendricks Avenue	Jacksonville, Fl. 32207
D	THURSTON, KEN	8248 S BATEAU RD	JACKSONVILLE FL				
D	RICE, JIM	6601 CHESTER AVE	JACKSONVILLE FL 32217				

**REMITTED BY MAY 1**

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 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 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: **Sol Brotman, DDS** 04-27-95 904 396 4097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Month & Day)

**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

DOCUMENT # **P93000000045 (3)**

**PRECISE BUILDING, INC.**

Principal Place of Business: **1150 N.W. 12 AVENUE BOCA RATON FL 33486**  
Mailing Address: **1150 N.W. 12 AVENUE BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		26. Mailing Address:		3. Date Incorporated or Qualified:		3a. Date of Last Report:	
21. <b>321 NW 109 AVENUE</b>		26. <b>321 NW 109 AV.</b>		01/07/1993		05/01/1994	
22. State, Apt # or # <b>7</b>		27. State, Apt # or # <b>7</b>		4. FEI Number:		Applied For:	
23. City & State <b>Miami, FL</b>		28. City & State <b>Miami, FL</b>		65-0379884		Not Applicable	
24. Zip <b>33172</b>		25. County <b>DADE</b>		29. Zip <b>33172</b>		30. County <b>DADE</b>	
5. Certificate of Status Desired: <input checked="" 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 5-119.037, 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:			
<b>MARTINEZ, OSCAR</b> <b>1150 N.W. 12 AVENUE</b> <b>BOCA RATON FL 33486</b>				81. Name <b>ALBERTO M. SANTANA</b>			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. <b>321 NW 109 AV. # 7</b>			
				84. City <b>Miami, FL</b> 85. Zip Code <b>33172</b>			

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 agree to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **ALBERTO M. SANTANA, PRESIDENT** 5/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	MARTINEZ, OSCAR	2. NAME	<b>ALBERTO M. SANTANA</b>
3. STREET ADDRESS	1150 N.W. 12 AVE.	3. STREET ADDRESS	<b>321 NW 109 AV #7</b>
4. CITY, ST, ZIP	BOCA RATON FL	4. CITY, ST, ZIP	<b>Miami, FL 33172</b>
5. TITLE	V	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	MARTINEZ, JULIA	6. NAME	<b>Martinez Oscar</b>
7. STREET ADDRESS	1150 N.W. 12 AVE.	7. STREET ADDRESS	<b>1150 NW 12 AVE</b>
8. CITY, ST, ZIP	BOCA RATON FL	8. CITY, ST, ZIP	<b>BOCA RATON, FL 33486</b>
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		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 119.021, Florida Statutes. I further certify that the information is 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 member or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: *[Signature]* **ALBERTO M. SANTANA (PRES)** 5/9/95 (805) 220-7973

Document # (P. 93000000045(3))

Precise Building, Inc.

FEI: 65-0379884

321 NW 109 AV.

#7 Miami, Fl 33172

Block 13: (Additional Officer)

P. ALBERTO M. SANTANA

321 NW 109 AV.

#7 Miami, Fl 33172