

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000031739 (4)**

1. Corporation Name:

**FISHER PROPERTY MANAGEMENT, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
431 NORTHEAST 1ST STREET POMPANO BEACH FL 33060		431 NORTHEAST 1ST STREET POMPANO BEACH FL 33060	
2. Previous Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/28/1993	05/01/1994
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
		65-0416106	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
25. Country	30. Country	8. This corporation has liability for interest-free under § 109.022 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	
MOYLE, BERNARD T ESQ. ONE FINANCIAL PLAZA STE. 1602 NATIONSBANK TOWER FORT LAUDERDALE FL 33394		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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D FISHER, LAMAR C/O ONE FINANCIAL PLZA. STE. 1602 FORT LAUDERDALE FL 33394	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	D FISHER, LOUIS B III C/O ONE FINANCIAL PLZA. STE. 1602 FORT LAUDERDALE FL 33394	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME	D FISHER, BARBARA C/O ONE FINANCIAL PLZA. STE. 1602 FORT LAUDERDALE FL 33394	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME	D FISHER, LOUIS B JR. C/O ONE FINANCIAL PLZA. STE. 1602 FORT LAUDERDALE FL 33394	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		13.8 NAME	<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 qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator 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: *Barbara B. Fisher* 5/2/95 - (305) 942-0917

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**APPROVED AND FILED**

5-1-95  
 CORPORATION  
 ANNUAL REPORT  
 1995

15-111112

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

95 MAY -1 AM 9:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P93000033001 (7)**

1. Corporation Name:  
**DECORATORS' PLUMBING, INC.**

Principal Place of Business      Mailing Address  
**109 NE 39 ST.**                              **109 NE 39 ST**  
**MIAMI FL 33137**                              **MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/06/1993**                                  **05/01/1994**

4. FEI Number      Applied For  
**65-0408823**                                  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. 119.037 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    Zip    Country  
 24    25    29    30

9. Name and Address of Current Registered Agent  
**GUANCHE, MAYRA**  
**7318 W. 20TH AVE.**  
**HIALEAH FL 33016**

10. Name and Address of New Registered Agent  
 81 Name      **GUAPOLE MAYRA**  
 82 Street Address (P O Box Number is Not Acceptable)  
                  **109 NE 39 ST**  
 83  
 84 City      **Miami**      85 Zip Code      **FL 33137**

11. Pursuant to the provisions of Sections 607.0562 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      *Mayra Guanche*      **President**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>GUANCHE, MAYRA</b>
STREET ADDRESS	<b>14600 MAHOGANY CT.</b>
CITY, ST, ZIP	<b>MIAMI LAKES FL 33014</b>
TITLE	<b>V</b>
NAME	<b>GAUNCHE, MIGUEL</b>
STREET ADDRESS	<b>14600 MAHOGANY CT.</b>
CITY, ST, ZIP	<b>MIAMI LAKES FL 33014</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(b), 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: *Miguel A. Guanch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

4/27/95      305 576 0022  
 Date      Telephone #

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AND  
FILED**

95 MAY -1 11 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ANNUAL REPORT  
1995



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

**DOCUMENT # P93000034125 (3)**  
1. Corporation Name  
**REGIONAL ELECTRIC UNLIMITED, INC.**

Principal Place of Business: **16900 SILVER OAK CIR DELRAY BEACH FL 33445**  
Mailing Address: **16900 SILVER OAK CIR DELRAY BEACH FL 33445**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
3. Date Incorporated or Qualified: **05/11/1993**  
3a. Date of Last Report: **05/27/1994**  
4. FEI Number: **65-0409592**  
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 intangible tax under § 100.000, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**KOZAK, RONALD  
621 NW 93RD AVE  
PEMBROKE PINES FL 33024**

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: \_\_\_\_\_ (Signature of registered agent or person in charge of the filing) (SEE Registered Agent signature required when mandatory) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEK, CAROL	1.2 NAME	
STREET ADDRESS	4648 SW 28TH WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL 33312	1.4 CITY, ST, ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEK, DAVID	2.2 NAME	
STREET ADDRESS	4648 SW 28TH WAY	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE FL 33312	2.4 CITY, ST, ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZAK, RONALD	3.2 NAME	
STREET ADDRESS	621 NW 93RD AVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL 33024	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 herein 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 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 as an attachment with no other.

SIGNATURE: *David S. Martinek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95  
305-791-9888  
Telephone Number