

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 11 3: 57

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023495 (3)**

1. Corporation Name

PARKWOOD DENTAL OFFICE, INC.

DO NOT WRITE IN THIS SPACE

1a. Principal Place of Business	1b. Mailing Address
10250 SW 56TH ST MIAMI FL 33165	10250 SW 56TH ST MIAMI FL 33165

3. Date incorporated or Qualified	3a. Date of Last Report
03/26/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0395837	Not Applicable
22. State App # (if)	27. State App # (if)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24. City	25. State	29. City	30. State
24	25	29	30

8. This corporation has liability for attorneys' fees under 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
PAIROT, ALFREDO A 10250 SW 56TH ST MIAMI FL 33165	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 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, on 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]* DATE: 4/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PAIROT, ALFREDO A 2905 SW 105TH AVE MIAMI FL 33165	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from FFD/CAR. 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 use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 14, or change of, on an attachment with an address.

SIGNATURE: *[Signature]* ALFREDO PAIROT DATE: 4/29/95 (20) 811-3333

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**CORPORATION
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1995**



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

03/26/1993 01:57
RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023780 (8)

1. Corporation Name:
CHAND'S WEST INDIAN GROCERY, INC.

Principal Place of Business: **2623 B PINE HILLS RD. ORLANDO FL 32808**
Mailing Address: **2623 B PINE HILLS RD. ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1993**
3a. Date of Last Report: **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied for
21	2a	59-3187940	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
22. Suite, Apt. # etc.	2b. Suite, Apt. # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	2b		
23. City & State	2c. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	2c		
24. Zip	25. Zip	29. City	30. Zip
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CHAND, CLATION 2623 B. PINEHILLS RD. ORLANDO FL 32808		B1. Name		
		B2. Street Address (P.O. Box Number is Not Acceptable)		
		B3. City		
		B4. City	FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, 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 607.0405, Florida Statutes.

SIGNATURE: _____ (Print Name of Officer or Director) _____ (Print Name of Registered Agent or Registered Office) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	P CHAND, CLATION	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	2623 B PINEHILLS RD.	2. NAME	
3. CITY & STATE	ORLANDO FL	3. STREET ADDRESS	
4. TITLE		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY & STATE		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	
9. STREET ADDRESS		9. STREET ADDRESS	
10. CITY & STATE		10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		11. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
13. CITY & STATE		13. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	<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 Section 119.021, Florida Statutes. I further certify that this information is in effect on the annual report or supplemental annual report as filed 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 of this report, or on an attachment, with an address.

SIGNATURE: *Clation Chand* **3/9/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000025122 (1)**

JAKECO ENTERPRISES, INC.

Principal Place of Business

112 E 1ST
SANFORD FL 32771
US

Mailing Address

8219 VIABELLA
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 04/14/1994
4. FEI Number 59-3223002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CRANIAS, CHRIS S 8219 VIABELLA SANFORD FL 32771		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 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 qualified officer/manager) _____ (Signature of Registered Agent or qualified officer/manager)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CRANIAS, CHRIS S	2. NAME	
3. STREET ADDRESS	8219 VIABELLA	3. STREET ADDRESS	
4. CITY, ST, ZIP	SANFORD FL 32771	4. CITY, ST, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
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 119.071(1)(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 appointed 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 in an attachment with an address.

SIGNATURE: / **CHRIS CRANIAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 407336-1550
DATE REGISTERED NUMBER

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Bryant
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
10
1995
MAY 1 1995
STATE OF FLORIDA

DOCUMENT # **P93000025157 (7)**

1. Corporate Name

KISH & MOLNAR ENTERPRISES, INC.

Principal Place of Business

5641 WESTVIEW DR
ORLANDO FL 32810

Minor Address

5641 WESTVIEW DR
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/06/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business

21 State Apt # etc

2a. Minor Address

26 State Apt # etc

4. FFI Number

59-3169783

Applied Fee
Not Applicable

22 City & State

27 City & State

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 City & State

25 City & State

29 City & State

30 City & State

7. This corporation is subject to the provisions of Chapter 1191, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KISH, GLENN
5641 WESTVIEW DR
ORLANDO FL 32810**

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 607.07(2)(b) and 607.1908, 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 607.07(2)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all Registrations)

Signature of New Registered Agent (Required for Registrations)

Date

12. OFFICERS AND DIRECTORS

12.1 NAME

**D
MOLNAR, ROBERT J
8149 BLUESTAR CIR
ORLANDO FL 32819**

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.1 NAME

**D
KISH, GLENN C
5641 WESTVIEW DR
ORLANDO FL 32810**

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

Change Addition

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.1 NAME

Change Addition

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.1 NAME

Change Addition

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.1 NAME

Change Addition

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.1 NAME

Change Addition

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.1 NAME

Change Addition

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1191.02(1)(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. I am an officer or director of this corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Glenn C. Kish
SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95
Date

672-3409
Telephone No.