

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED AND FILED**

MAY 19 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000055164 (6)**

1. Corporation Name

**ALPHABET KIDS INC.**

Principal Place of Business

Main Address

2440 STATE RD 580  
CLEARWATER FL 34621

2440 STATE RD 580  
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation/Refiled

08/02/1993

3a. Date of Last Report

08/05/1994

2. Principal Place of Business

2b. Main Address

21

26

4. FEI Number

59-3194221

Applied For

Next Application

State: April 15th

State: April 15th

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Final Form Contribution

**\$5.00 May Be Added to Fees**

24 25 29 30

8. Does corporation have liability for indebtedness to shareholders?  
Federal Statute  State  Other

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARTIN, BERNADETTE  
2440 STATE RD 580  
CLEARWATER FL 34621**

B1 Title

B2 Street Address of (If Not Reported as Not Applicable)

B3

B4 City

**FL**

B5 Zip Code

11. Paragraphs 1 through 7 of Article IV of the corporation's amended or restated articles of incorporation (the "Articles") shall be deemed to be the proposed officer and director appointments for the period of 12 months ending on the date of filing of this report, and shall be subject to the provisions of the corporation's board of directors' bylaws, and if the appointment is not a person named in the Articles, the person appointed shall be named in the Articles.

ALL DATA IN

12.

NAME

OFFICE ADDRESS

CITY

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OFFICE ADDRESS

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CITY

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statute in Section 19(1)(c) of the Florida Statutes. I further certify that the information disclosed in this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made under oath. That I am an officer or director of the corporation, or the receiver or trustee or assignee to organize the report as required by Chapter 601, Florida Statutes, and that my name appears on Block 1, or Block 2, of the report as filed in the amount with an office.

**SIGNATURE:**

*Maureen Moravec*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 (813) 791-1997

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REPUBLICAN  
ANN, A. DEBARTOLIS



FLORIDA DEPARTMENT OF STATE

1934 N. BRADLEY

WASHINGTON, D.C. 20541

1995

**APPROVED  
AND  
FILED**

MAY 13 11:10:15

DOCUMENT # **P93000055290 (9)**

**TOWN & COUNTRY INTERNATIONAL REAL ESTATE COMPANY**

FLORIDA STATE  
TALLAHASSEE, FLORIDA

12801 UNIVERSITY DR  
SUITE 3  
FT MYERS FL 33907  
US

12801 UNIVERSITY DR.  
SUITE 3  
FT MYERS FL 33907  
US

2	2a	3	3a
21	26	08/05/1993	05/01/1994
22	27	65-0439852	
23	28		\$8.75 Additional Fee Required
24	29		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NOVELLI, JERRY J.  
1309 PARVIEW DR.  
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81	85
82	FL
83	
84	

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the purposes of this registration. My name and address are as shown above.

*Jerry J. Novelli*

5/12/95

12	13	14
DPVS NOVELLI, JO ANN B 1309 PARVIEW DRIVE SANIBEL FL 33957 T NOVELLI, JO ANN B 1309 PARVIEW DRIVE SANIBEL FL 33957		

14. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the purposes of this registration. My name and address are as shown above.

SIGNATURE: *Jo Ann B Novelli*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICE OF REGISTRATION

5-12/95 813433003E

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Walker  
Secretary of State  
Office of the Treasurer

**APPROVED**

RECEIVED 11:15  
MAY 15 1995

DOCUMENT # **P93000055434 (3)**

REYNALDO F. GONZALEZ, D.M.D., P.A.

1. Principal Office Address: **9411 S.W. 8TH ST. PEMBROKE PINES FL 33025**  
2. Mailing Address: **9411 S.W. 8TH ST. PEMBROKE PINES FL 33025**

3. Date of last report filed: **08/06/1993**  
3a. Date of last report: **04/19/1994**  
4. File Number: **65-0434758**  
5. Certificate of Status Fee: **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**  
8. The corporation is eligible for and has applied for number 1079004.

2. Principal Office Address: [21] 22 [23] 24 [25] [26] 27 [28] 29 [30]

9. Name and Address of Current Registered Agent

**GONZALEZ, REYNALDO  
9411 SW 8TH ST  
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent

81 Name:  
82 Street Address, City, State and ZIP Code:  
83  
84 City:  
85 State: **FL**

11. This corporation is authorized to do business in the State of Florida under the name of REYNALDO F. GONZALEZ, D.M.D., P.A. It is authorized to do business in the State of Florida under the name of REYNALDO F. GONZALEZ, D.M.D., P.A. It is authorized to do business in the State of Florida under the name of REYNALDO F. GONZALEZ, D.M.D., P.A.

12. Director: **D**  
**GONZALEZ, REYNALDO**  
**12318 WEST DIXIE HWY**  
**NORTH MIAMI FL 33161**

13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
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Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

14. I, the undersigned, certify that the information required with the filing is voluntarily furnished and does not equally fall into the exception stated in Section 220.02, Florida Statutes. I further certify that the information is based on the annual report or supplementary annual report. I am duly qualified and that my signature is in full compliance with the requirements of the statute. I am duly qualified and that my signature is in full compliance with the requirements of the statute.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 (303) 434-4196

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1995



DOCUMENT # P93000055530 (8)

FIRST TEAM RESOURCE MANAGEMENT INC.

APPROVED AND FILED

MAY 15 1995

FLORIDA STATE  
TALLAHASSEE, FLORIDA

9831 RIVERSIDE DR  
CORAL SPRINGS FL 33071

9831 RIVERSIDE DR  
CORAL SPRINGS FL 33071

21	6851 SW 21st Court	28	PO Box 771861
22	Bay # 11	27	
23	Davie Florida	28	Coral Springs Florida
24	33317	25	USA
		29	33071
		30	USA

3	08/06/1993	3a	05/01/1994
4	65-0427214	Applied For	
5		\$8.75 Additional Fee Required	
6		\$5.00 May Be Added to Fees	
7			
8			
9			
10	Name and Address of New Registered Agent		

CORPORATE CREATIONS ENTERPRISES INC  
4521 PGA BLVD  
PALM BEACH GARDENS FL 33418

81	Name
82	Street Address
83	
84	
85	FL

12	D POLNY, BLAIR % 9831 RIVERSIDE DR CORAL SPRINGS FL 33071
	D KOHLER, ROBERT M % 9831 RIVERSIDE DR CORAL SPRINGS FL 33071

13	10226 Boynton Place Circle Boynton Beach FL 33439
	279 SW 74th Way #2610 Davie FL 33314

SIGNATURE: *Blair Polny* Blair Polny

May 15, 1995 305-476-0093

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
Tallahassee, Florida 32399-0001

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AND  
FILED

MAY 10 1995 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000055577 (9)**

**BACK TO THE WOODS, INC.**

1. Name of Corporation: **BACK TO THE WOODS, INC.**  
 2. Principal Office Address: **4611 SOUTH UNIVERSITY DR. SUITE 114 DAVIE FL 33328**  
 3. Mailing Address: **4611 SOUTH UNIVERSITY DR. SUITE 114 DAVIE FL 33328**

3. Date of Report: **08/09/1993** 3a. Date of Report: **05/01/1994**

2. Principal Office Address: **4611 SOUTH UNIVERSITY DR. SUITE 114 DAVIE FL 33328**  
 2a. Mailing Address: **4611 SOUTH UNIVERSITY DR. SUITE 114 DAVIE FL 33328**  
 22. State of Incorporation: **FL**  
 23. State of Principal Office: **FL**  
 24. State of Mailing Office: **FL**

4. FE Number: **65-0425720**  
 5. Certificate of State Secretary: **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**  
 8. This corporation is subject to the provisions of the Florida Election Campaign Finance Act:

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**Diane Mounce - Jonsson  
4220 SW 67th Terrace  
Davie FL 33314**

11. Signature of Registered Agent: *Diane Mounce - Jonsson* Date: **5/15/95**

12. Officers and Directors:  
 DP **MOUNCE, DIANE R**  
**4611 S. UNIVERSITY, STE. 114**  
**DAVIE FL 33328**  
 DST **JONSSON, ALF**  
**4611 S. UNIVERSITY, STE. 114**  
**DAVIE FL 33328**

13. Additional Owners, Officers, Directors, and Agents:  
 DP **DIANE MOUNCE-JONSSON**  
**4611 S UNIVERSITY STE 114**  
**DAVIE, FL 33328**

14. Signature of Officer or Director: *Diane Mounce - Jonsson* Date: **5/15/95** Phone: **305-420-5054**

SIGNATURE: *Diane Mounce - Jonsson*  
 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. Murpham  
Secretary of State  
1905 N.W. 11th Street, Tallahassee, FL 32304

APPROVED  
AND  
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5/15/95 10:15  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056963 (0)**

SPIN TRADING CORP.

Principal Office Location <b>4805 N.W. 79 AVE SUITE 5 MIAMI FL 33166</b>	Alternate Office <b>4805 N.W. 79 AVE. SUITE 5 MIAMI FL 33166</b>
---	---

2. Principal Office Location <b>21</b>	2a. Mailing Address <b>26</b>
22. State Agent <b>23</b>	27. State Agent <b>28</b>
24. City <b>25</b>	29. City <b>30</b>

DO NOT WRITE IN THIS SPACE

3. Date incorporated in jurisdiction <b>08/12/1993</b>	3a. Date of legal Report <b>07/21/1994</b>
4. FID Number <b>65-0430557</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 Contributions <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.033 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VAZQUEZ-BELLO, CLEMENTE L  
% VALDES-FAULI COBB BISCHOFF & KRISS P.A.  
2 SOUTH BISCAYNE BLVD., STE. 3400  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. State

11. I, the undersigned, being a duly qualified officer or director of the corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

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

12. OFFICER AND DIRECTOR	13. APPLICANT								
<table border="1"> <tr> <td>NAME</td> <td><b>D SUAREZ, CONSTANTINO</b></td> </tr> <tr> <td>RESIDENCE</td> <td><b>9331 S.W. 100 AVE. RD. MIAMI FL 33176</b></td> </tr> </table>	NAME	<b>D SUAREZ, CONSTANTINO</b>	RESIDENCE	<b>9331 S.W. 100 AVE. RD. MIAMI FL 33176</b>	<table border="1"> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>RESIDENCE</td> <td></td> </tr> </table>	NAME		RESIDENCE	
NAME	<b>D SUAREZ, CONSTANTINO</b>								
RESIDENCE	<b>9331 S.W. 100 AVE. RD. MIAMI FL 33176</b>								
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14. I, the undersigned, certify that the information supplied with this filing is complete, correct and true and is not false or misleading, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: **CONSTANTINO SUAREZ** 5/15/95 305-543-1258

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ANNUAL REPORT  
**1995**



OFFICE OF THE SECRETARY OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

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AND  
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MAY 13 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000057240 (2)**

**JDN TECHNOLOGIES, INC.**

1163 25TH AVE. NO.  
ST. PETERSBURG FL 33704  
US

2885 CINNAMON BEAR TRAIL  
PALM HARBOR FL 34684

2	2a	3	3a
21	26	5. Certificate of Status Entered	8. Tax to be Collected
22	27	6. Tax to be Collected	9. Tax to be Collected
23	28	7. Tax to be Collected	10. Tax to be Collected
24	29	8. Tax to be Collected	11. Tax to be Collected

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ODDEN, DENNIS W 2885 CINNAMON BEAR TRAIL PALM HARBOR FL 34684	

12.	13.
D EBERHARD, JEROME L JR 1163 25TH AVENUE ST. PETERSBURG FL 33704	
D ODDEN, DENNIS W 2885 CINNAMON BEAR TRAIL PALM HARBOR FL 34684	

**SIGNATURE:** *Dennis W. Odden* DENNIS W. ODDEN 5/1/95 813-896-8612