

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 1/1/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RECONSTATE: \$375)

PROFIT 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 15 AM 8:09

DOCUMENT # P94000023507 (4)

1. Corporation Name

AMERICAN ADA COMPLIANCE CORP.

Principal Place of Business

Mailing Address

P.O. BOX 491362
 LEESBURG FL 34749-1362

P.O. BOX 491362
 LEESBURG FL 34749-1362

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/25/1994

4. FEI Number

59-3232337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.033, 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

GASSMAN, ALAN S
 1212 COURT ST.
 SUITE B
 CLEARWATER FL 34618

81

Name **TED E CARR**

82

Street Address (P.O. Box Number is Not Acceptable)
30912 AIRWAY ROAD, ~~BOCA RATON~~ FL 33496

83

PO BOX 491362

84

City **LEESBURG**

FL

85

Zip Code **34749**

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

Ted E Carr **PRES**

6-10-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CARR, TED E
STREET ADDRESS	P.O. BOX 491362 (N/A)
CITY - ST - ZIP	LEESBURG FL 34749-1362
TITLE	D
NAME	MCABEE, NATHAN T
STREET ADDRESS	% 611 DRUID ROAD EAST, STE. 707
CITY - ST - ZIP	CLEARWATER FL 34618-3969
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 607, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ted E Carr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-95

Date

904-787-6813

Telephone Number

CR2E034 (3/95)

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN 14 AM 9:27

DOCUMENT # P94000023841 (7)

1. Corporation Name
JPG CONSTRUCTION, INC.

Principal Place of Business Mailing Address
399 N.W. 2ND ST. 399 N.W. 2ND ST.
FLORIDA CITY FL 33030 FLORIDA CITY FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/29/1994
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt #, etc. 26 C/O Estalella & Assoc Inc
22 City & State 27 7481 SW 8 ST
23 City & State 28 Miami FL
24 Zip 25 33144-4547 29 30 DADE

4. FEI Number 65-0478536 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
7. This corporation has liability for intangible tax under § 190.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PENA, JOSEL
399 N.W. 2ND ST.
FLORIDA CITY FL 33030

10. Name and Address of New Registered Agent
81 Name PEDRO ESTALELLA JR PRES.
82 Street Address (P.O. Box Number is Not Acceptable) ESTALELLA & ASSOC INC
83 7481 SW 8 ST
84 City MIAMI FL 85 Zip Code 33144-4547

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 the applicable obligations of Section 607.0505, Florida Statutes.
SIGNATURE: *[Signature]* PEDRO ESTALELLA JR PRES, ESTALELLA & ASSOC INC 6/6/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	D.P.S.T
NAME	PENA, JOEL
STREET ADDRESS	399 N.W. 2ND ST.
CITY ST ZIP	FLORIDA CITY FL 33030
TITLE	B-
NAME	PENA, ALMA
STREET ADDRESS	399 N.W. 2ND ST.
CITY ST ZIP	FLORIDA CITY FL 33030
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95 (305) 261-9292