

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

APPROVED AND FILED
 65 JUL 02 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 ANNUAL REPORT
 1995**



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

DOCUMENT # S29210 (9)
 1. Corporation Name
AMERICAN GENERAL HOSPITALITY OF FLORIDA, INC.

Principal Place of Business: **3860 W. NORTHWEST HIGHWAY SUITE 300 DALLAS TX 75220**
 Mailing Address: **3860 W. NORTHWEST HIGHWAY SUITE 300 DALLAS TX 75220**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/04/1991** 3a. Date of Last Report: **04/20/1994**
 4. FEI Number: **65-0239083** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 198.03, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
 State: **22** State: **27**
 City & State: **23** City & State: **28**
 Zip: **24** Zip: **29** Zip: **30**

9. Name and Address of Current Registered Agent
CARNEY, MARY JO
BARNETT TOWER
ONE PROGRESS PLAZA - SUITE 1210
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address, (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ **85** Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.02(1)(a) and 607.15(8), 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 607.02(1)(a) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:

12.1 NAME: D JORNS, STEVEN D. 12.2 STREET ADDRESS: 3860 W. N.W. HWY, #300 12.3 CITY & STATE: DALLAS TX	12.4 NAME: _____ 12.5 STREET ADDRESS: _____ 12.6 CITY & STATE: _____	12.7 NAME: _____ 12.8 STREET ADDRESS: _____ 12.9 CITY & STATE: _____	12.10 NAME: _____ 12.11 STREET ADDRESS: _____ 12.12 CITY & STATE: _____	12.13 NAME: _____ 12.14 STREET ADDRESS: _____ 12.15 CITY & STATE: _____
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13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1 1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	13.2 1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	13.3 1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	13.4 1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____	13.5 1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY & STATE: _____
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14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Sections 139.02(1)(b) Florida Statutes. I further certify that the information was first on the annual report or supplemental annual report, 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on a separate form filed with an address.

SIGNATURE: _____
 SIGNATURE AND TITLE TO BE PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 **214-352-3330**

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

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MAY 23 11:10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
JAMES B. McPherson
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # S29299 (2)

1. Corporation Name: SUPERIOR MEDICAL SYSTEMS, INC.

Principal Place of Business **Mail Address**

789 BRADFIELD SUITE 1020 HOUSTON TX 77060 **789 BRADFIELD SUITE 1020 HOUSTON TX 77060**

2. Principal Place of Business **2b. Mailing Address**

21 **26**

22 **27**

23 **28**

24 **25** **29** **30**

3. Date of Incorporation or Organization **3a. Date of Last Report**

02/04/1991 **02/28/1994**

4. FEI Number **Applied For**

76-0328734 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financials **\$5.00 May Be Added to Fees**

7. Trust Fund Contributions

8. This corporation has liability for intangible tax under § 190.02, Florida Statute **Yes** **No**

9. Name and Address of Current Registered Agent

**HAND, JACK G
200 W FORSYTH ST
SUITE 1020
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City **FL** **05 Zip Code**

11. Pursuant to the provisions of Sections 607.02(7) and 607.1508, Florida Statute, 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 607.02(7), Florida Statute.

SIGNATURE **Signature of Registered Agent** **Signature of Registered Agent**

12. OFFICERS AND DIRECTORS

FILE	P
NAME	BARRY W BEARDEN
STREET ADDRESS	15719 BALDSEWELL
CITY, ST, ZIP	TOMBALL TX
FILE	D
NAME	DENNIS BEARDEN
STREET ADDRESS	10700 KINGHURST
CITY, ST, ZIP	HOUSTON TX
FILE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
FILE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '94

FILE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
FILE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
FILE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
FILE	Change Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equal, for the reasons stated in Section 191.021(4)(c), Florida Statute, I neither certify that the information made effect 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 receive the report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of a changed or new annual report.

SIGNATURE: Claudia Lovelace Administrative Manager **5/18/95** **713-682-5017**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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

APPROVED AND FILED

RECORDED AND INDEXED
MAY 10 1994
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S29602** (7)
1. Corporation Name:
HEARTWOOD 1, INC.

Principal Office of Corporation: **1750 E SUNRISE BLVD FT LAUDERDALE FL 33304**
Mailing Address: **1750 E SUNRISE BLVD FT LAUDERDALE FL 33304**

(DO NOT WRITE IN THIS SPACE)

2. Foreign Place of Business		2a. Mailing Address		3. Date incorporated or qualified 02/05/1991	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 65-0249344	Applied For Not Applicable
22	State Apt # of	27	State Apt # of	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		7. How corporation has tested for compliance with Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CARVALHO, JEAN 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304				B1	Name	
				B2	Street Address (if 1012 Number is Not Applicable)	
				B3		
				B4	City	
				FL	B5	Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1208, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 hereby withdrawing the resignation of Section 607.0802, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADULTERANS CHANGED TO OFFICERS AND DIRECTORS	
NAME	ADDRESS	NAME	ADDRESS
D LEVAN, ALAN 1750 E SUNRISE BLVD FT LAUDERDALE FL			
PD GRIECO, FRANK V 1750 E SUNRISE BLVD FT LAUDERDALE FL			
V ABER, WILLIAM L 1750 E SUNRISE BLVD FT LAUDERDALE FL			
S CARVALHO, JEAN 1750 E SUNRISE BLVD FT LAUDERDALE FL			
T EANES, JASPER 1750 E SUNRISE BLVD FT LAUDERDALE FL			
		VP ABDO, JOHN E. 1750 E. Sunrise Ft. Lauderdale, FL	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and that I am qualified for the appointment stated in Section 607.0802, Florida Statutes. I further certify that the information supplied 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. But I am not eligible or qualified for the appointment of the receiver or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a, of the report or supplemental report with an address.

SIGNATURE: *Jean Carvalho*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

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

APPROVED AND FILED

APR 15 1994

**STATE OF FLORIDA
TREASURER**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Pamela B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S29638** (1)
HEARTWOOD 3, INC.

Principal Place of Business: 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304
Mailing Address: 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304

2. Principal Place of Business: 21 State Apt # etc: 22 City & State: 23
2a. Mailing Address: 26 State Apt # etc: 27 City & State: 28
24 25 29 30

3. Date Incorporated or Qualified: 02/05/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0249346
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 a judgment under Chapter 100 Florida Statutes: No

9. Name and Address of Current Registered Agent
**CARVALHO, JEAN
1750 E SUNRISE BLVD
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0902 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 Sections 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D NAME: LEVAN, ALAN STREET ADDRESS: 1750 E SUNRISE BLVD CITY, STATE, ZIP: FT LAUDERDALE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	PD NAME: GRIECO, FRANK V. STREET ADDRESS: 1750 E SUNRISE BLVD CITY, STATE, ZIP: FT LAUDERDALE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V NAME: ABER, WILLIAM L STREET ADDRESS: 1750 E SUNRISE BLVD CITY, STATE, ZIP: FT LAUDERDALE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S NAME: CARVALHO, JEAN STREET ADDRESS: 1750 E SUNRISE BLVD CITY, STATE, ZIP: FT LAUDERDALE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	T NAME: EANES, JASPER STREET ADDRESS: 1750 E SUNRISE BLVD CITY, STATE, ZIP: FT LAUDERDALE FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<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 Sections 100.011(1)(b), 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 handwritten. I certify that I am an officer or director of the corporation or that I am an authorized representative of the corporation 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 on an attachment with an address.

SIGNATURE: *Jeane Carvalho* 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPROVED AND FILED

MAY 10 1995

**STATE OF FLORIDA
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S29641 (5)
HEARTWOOD 4, INC.

Principal Mailing Address: 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304
Mailing Address: 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. (Date incorporated or qualified) 02/05/1991 **3a. Date of Last Report 04/29/1994**

21. Principal Office Telephone:	26. Mailing Address:	4. FFL Number:	Applied For:
		65-0249350	Not Applicable
22. State Apt # etc:	27. State Apt # etc:	5. Certificate of Status Desired:	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
23. City & State:	28. City & State:	6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
24. Filing Office:	29. Filing Office:	8. This corporation has liability for the application fee under Florida Statutes:	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent:	10. Name and Address of New Registered Agent:
CARVALHO, JEAN 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304	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 607.0902 and 607.1901, Florida Statutes, the above named corporation submits the 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 607.0901, Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
D	LEVAN, ALAN 1750 E SUNRISE BLVD FT LAUDERDALE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	GRIECO, FRANK V. 1750 E SUNRISE BLVD FT LAUDERDALE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	ABER, WILLIAM L 1750 E SUNRISE BLVD FT LAUDERDALE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	CARVALHO, JEAN 1750 E SUNRISE BLVD FT LAUDERDALE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	EANES, JASPER 1750 E SUNRISE BLVD FT LAUDERDALE FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that, not in violation of the provisions stated in Section 139.02(6)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 13 or Block 14 of a change of control attachment with an address.

SIGNATURE: *Jean Carvalho* **5/10/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED AND FILED

MAY 22 1991

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
CORPORATIONS

DOCUMENT # S31921 (7)

1. Corporation Name
ALFRED BRESSAW ELECTRICAL CONTRACTORS, INC.

Principal Place of Business: **626 N.E. SILVER OAK TERRACE JENSEN BEACH FL 34957**

Mailing Address: **626 N.E. SILVER OAK TERRACE JENSEN BEACH FL 34957**

2. Principal Place of Business: **21** State: Apt # etc: **22** City & State: **23**

2a. Mailing Address: **26** State: Apt # etc: **27** City & State: **28**

24. City: **25** State: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/14/1991**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0253098**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BRESSAW, ALFRED
626 N.E. SILVER OAK TERRACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 _____

B4 City: _____ **B5** Zip Code: **FL**

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 1991	
1. NAME: PST BRESSAW, ALFRED	2. STREET ADDRESS: 626 N.E. SILVER OAK TERR JENSEN BEACH FL	1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. CITY: D	4. STATE: BRESSAW, ALFRED	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. STREET ADDRESS: 626 N.E. SILVER OAK TERR JENSEN BEACH FL	6. CITY: JENSEN BEACH FL	3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. NAME: _____	8. STREET ADDRESS: _____	4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. CITY: _____	10. STATE: _____	5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: _____	12. CITY: _____	6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. NAME: _____	14. STREET ADDRESS: _____	7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. CITY: _____	16. STATE: _____	8. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. STREET ADDRESS: _____	18. CITY: _____	9. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. NAME: _____	20. STREET ADDRESS: _____	10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. CITY: _____	22. STATE: _____	11. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, _____, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 199.03(8), Florida Statutes. Furthermore, I certify that the information included on this annual report or its previously 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 owner or holder responsible to execute this report as required by Chapter 199.03, Florida Statutes, and that my name appears on Block 1, or Block 13, of this report with an office and with an address.

SIGNATURE: *Alfred Bressaw* **5/17/91** **34957**