

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

REGISTRATION
 ANNUAL REPORT
 1995



REGISTRATION STATE
 ANNUAL REPORT
 1995

APPROVED
 AND
 FILED

COMM - 1111:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V00654** (6)

A-1 LOCKSMITH SERVICE OF THE PALM BEACHES, INC.

4675 KELLY DR
 WEST PALM BEACH FL 33415

4675 KELLY DR
 WEST PALM BEACH FL 33415

REGISTRATION STATE

3. Date of Registration of Candidate 12/16/1991	3a. Date of Last Report 05/10/1994
4. FID Number 65-0302045	Applied for New Applicant
5. Number of Salaries Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Voted Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. The candidate has parents by whom the candidate has property interest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Name of Candidate	2a. Maiden Name
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

SCHNEIDER, VAN R.
 4675 KELLY DR
 WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address, P.O. Box or Post Office Address	FL
83.	
84. City	

11. I, the undersigned, being a resident qualified to be appointed guardian of the estate and property of the State of Florida, do hereby certify that the above-named person is the person named in the application for registration of the candidate for the purpose of carrying out the responsibilities of the candidate for the office of the State of Florida, and that the candidate is qualified to be appointed a registered agent for the State of Florida.

SIGNATURE

12.	D SCHNEIDER, VAN R. 4675 KELLY DR WEST PALM BEACH FL
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14. I, the undersigned, being a resident qualified to be appointed guardian of the estate and property of the State of Florida, do hereby certify that the above-named person is the person named in the application for registration of the candidate for the purpose of carrying out the responsibilities of the candidate for the office of the State of Florida, and that the candidate is qualified to be appointed a registered agent for the State of Florida.

SIGNATURE: *Van R. Schneider*
 SIGNATURE AND TYPE OF OFFICE IS NAME OF REGISTERING OFFICE IS OR DIRECTOR

4/20/95 400 304-2018

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1995



FLORIDA DEPARTMENT OF STATE
J. PAUL MANNING
GOVERNOR

07 MAY - 1 10:23

DOCUMENT # V00736

(1)

GLOBAL FUTURES HOLDINGS, INC.

CORPORATION STATE
TALLAHASSEE, FLORIDA

ONE OAKWOOD BLVD
SUITE 221
HOLLYWOOD FL 33020

3. Date of Report: 12/17/1991
3a. Date of Last Report: 07/26/1994

21. Filing Office: TALLAHASSEE	26. Mailing Address: ONE OAKWOOD BLVD SUITE 221 HOLLYWOOD FL 33020	4. FID Number: 65-0323024	Accepted For Filing Available
22. Number of Pages: 1	27. Number of Exhibits: 0	5. Certificate Status: Current	\$8.75 Additional Fee Required
23. Number of Shares: 0	28. Number of Shares: 0	6. Director (Full page) Information: None	\$5.00 May Be Added to Fees
24. Number of Shares: 0	29. Number of Shares: 0	9. Name and Address of Current Registered Agent: SHINE, JOSEPH 1 OAKWOOD BLVD. STE. 221 HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent: [Blank]

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation named herein, and that I am authorized to execute this statement for the purposes of filing the report required by law. I understand that any false or misleading information furnished hereunder may constitute a criminal offense under the laws of the State of Florida, and I understand that any such information may be used in a civil or criminal proceeding against me or the corporation named herein.

12. Name	13. ADDRESS (OWNER'S USE ONLY) (SEE INSTRUCTIONS)
DV LA COMBE, RAYMOND 1 OAKWOOD BLVD., #221 HOLLYWOOD FL	<input type="checkbox"/> None <input type="checkbox"/> Agent
DP SHINE, JOSEPH 1 OAKWOOD BLVD., #221 HOLLYWOOD FL	<input type="checkbox"/> None <input type="checkbox"/> Agent
DS MOROCCO, WILLIAM 1 OAKWOOD BLVD., #221 HOLLYWOOD FL	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent
None	<input type="checkbox"/> None <input type="checkbox"/> Agent

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation named herein, and that I am authorized to execute this statement for the purposes of filing the report required by law. I understand that any false or misleading information furnished hereunder may constitute a criminal offense under the laws of the State of Florida, and I understand that any such information may be used in a civil or criminal proceeding against me or the corporation named herein.

SIGNATURE: X JOSEPH SHINE President 5/1/95 305-926 6570

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CORPORATION
 ANNUAL REPORT
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DEPARTMENT OF STATE
 OFFICE OF CORPORATIONS
 1901 NE 15th Avenue
 Tallahassee, Florida 32310-0001

FILED
 1995

DOCUMENT # **V00814**

(6)

MAY 03

DONALD O'SHEA ENTERPRISES, INC.

STATE OF FLORIDA

800 W CYPRESS CREEK RD #410
 FT LAUDERDALE FL 33309

800 W CYPRESS CREEK RD #410
 FT LAUDERDALE FL 33309

STATE OF FLORIDA

21	22	23	24	25	26	27	28	29	30	3. Effective Date of Report	3a. Date of Last Report	4. FID Number	Applied Fee
										12/16/1991	05/01/1994	65-0299594	
										5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
										6. Has been Campaign Financing / Proxy / List Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
										8. Minority/Control/Shareholder's Interest in the past 12 Months	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'SHEA, DONALD 800 W CYPRESS CREEK RD #410 FT LAUDERDALE FL 33309				B1	Name		
				B2	Street Address (P.O. Box Number or R.F.D. Address)		
				B3			
				B4	City	FL	B5

11. The undersigned hereby certifies that the information furnished herein is true and correct and that the undersigned is authorized to execute this statement for the purpose of filing the report with the State of Florida Department of State. This certificate was authorized by the corporation's board of directors, officers, or other authorized persons.

SIGNATURE

12. NAME	D	13. ADDRESS	
14. NAME	PS	15. ADDRESS	
16. NAME	800 W CYPRESS CREEK RD	17. ADDRESS	
18. NAME	FT LAUDERDALE FL	19. ADDRESS	

14. I, the undersigned, hereby certify that the information furnished herein is true and correct and that the undersigned is authorized to execute this statement for the purpose of filing the report with the State of Florida Department of State. This certificate was authorized by the corporation's board of directors, officers, or other authorized persons.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED

DOCUMENT # **V00919** (3)

MAY 11 10:45

MEISSEN INVESTMENT GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 592
ORLANDO FL 32802

P.O. BOX 592
ORLANDO FL 32802

2. Filing Date		2a. Mailing Date		3. Effective Date of Change		3a. Filing Date of Original	
21		26		12/16/1991		05/01/1994	
22		27		4. Filing Fee		Additional Fee	
23		28		59-3103496		None Applicable	
24		25		29		30	
24		25		29		30	
5. Total Fees of \$200 (Required)				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Total Fees of \$200 (Required)				<input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has not been organized for purposes authorized by the 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

KERN, CHRISTOPHER G.
140 N. ORLANDO AVE
STE 150-32
WINTER PARK FL 32789

81	Name	Kern, Christopher G.	
82	Street Address (P.O. Box Number is Not Acceptable)	530 Bryn Mawr St.	
83	City	Orlando	
84	State	FL	85 Zip Code 32804

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished on this form is true and correct. I am a director/officer of the corporation and I am authorized to file this appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE

Christopher G. Kern

5/1/95

12. ADDITIONAL REGISTERED AGENTS TO BE LISTED FOR THIS CORPORATION		13. ADDITIONAL REGISTERED AGENTS TO BE LISTED FOR THIS CORPORATION	
NAME	ADDRESS	NAME	ADDRESS
D KERN, WYNDELL T 140 N ORLANDO AVE, STE 150-32 WINTER PARK FL		D Kern, Wyndell T. 3112 Alamo Dr. Orlando, FL 32805	<input checked="" type="checkbox"/> Filing Fee <input type="checkbox"/> Additional Fee
D KERN, CHRISTOPHER G 140 N ORLANDO AVE, STE 150-32 WINTER PARK FL		D Kern, Christopher G. 530 Bryn Mawr St. Orlando, FL 32804	<input checked="" type="checkbox"/> Filing Fee <input type="checkbox"/> Additional Fee
			<input type="checkbox"/> Filing Fee <input type="checkbox"/> Additional Fee
			<input type="checkbox"/> Filing Fee <input type="checkbox"/> Additional Fee
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			<input type="checkbox"/> Filing Fee <input type="checkbox"/> Additional Fee

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished on this form is true and correct. I am a director/officer of the corporation and I am authorized to file this appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE:

Christopher G. Kern

5/1/95

407 856-8545