

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN - 1 AM 9:14

DOCUMENT # V23888 (3)

1. Corporation Name
RENTINVEST COMPANY, INC.

Principal Place of Business 481 E. HIGHWAY 50 2ND FL CLERMONT FL 34711 US	Mailing Address PO DRAWER 120848 2ND FLOOR CLERMONT FL 34712-0840 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1992		3a. Date of Last Report 07/01/1994	
4. FEI Number 59-3157748		Applied For 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	
8. This corporation has liability for intangible tax under S. 199.032, 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			
HOVIS, GEORGE E. 481 E HIGHWAY 50 2ND FLOOR CLERMONT FL 34711				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when instituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPORTICH, THIERRY	12 NAME	
STREET ADDRESS	13114 SKING PARADISE	13 STREET ADDRESS	
CITY, ST, ZIP	CLERMONT FL	14 CITY, ST, ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPORTICH, ANDRE	22 NAME	
STREET ADDRESS	13114 SKING PARADISE	23 STREET ADDRESS	
CITY, ST, ZIP	CLERMONT FL	24 CITY, ST, ZIP	
TITLE	DST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPORTICH, RICHARD	32 NAME	
STREET ADDRESS	13114 SKING PARADISE	33 STREET ADDRESS	
CITY, ST, ZIP	CLERMONT FL	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 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)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) DATE _____

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SECRETARY OF STATE

DOCUMENT # V24102 (8)

1. Corporation Name
BOCA JEWELRY & LOAN, INC.

Principal Place of Business Mailing Address
209 E. PALMETTO PK RD BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/26/1992** 3a. Date of Last Report **04/07/1994**

2. Principal Place of Business 2a. Mailing Address
6278 N FEDERAL HWY #279 FT. LAUD, FL 33308

4. FEI Number **65-0324968** Applied For Not Applicable

22. Suite, Apt. #, etc. **#279** 27. Suite, Apt. #, etc. **#279**

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

23. City & State **FT. LAUD, FL** 28. City & State **FT. LAUD FL 33308**

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

24. Zip **33305** 25. Country 29. Zip **33308** 30. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANES, MICHAEL B
644 SE 5TH AVENUE
FT LAUDERDALE FL 33301**

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 607.0502 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
NAME **GOLDBERG, STEVEN B**
STREET ADDRESS **5525 TWIN KNOLLS ROAD, STE. 322**
CITY ST ZIP **COLUMBIA MA**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **VP**
NAME **DUNNELLY, JENNIFER**
STREET ADDRESS **2750 NE 9TH COURT**
CITY ST ZIP **POMPANO BEACH, FL 33062**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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: *Jennifer Dunnelly, V. pro.*
SIGNATURE AND POSITION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95 Date
4073924999 Taxpayer ID Number

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DOCUMENT # **V24986** (4)

1. Corporation Name
MARKO DESIGN & LEASING, INC.

Principal Place of Business: **513 SOUTHWEST BAY POINTE CIRCLE, PALM CITY FL 34980**
Mailing Address: **513 SOUTHWEST BAY POINTE CIRCLE, PALM CITY FL 34980**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1992** 3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		<input checked="" type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		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 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BROWN, ADAM
513 SOUTHWEST BAY POINTE CIRCLE
PALM CITY FL 34980

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 607.0502 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 _____ (Signature, typed or printed name of registered agent, if not the filer, applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ADAM	1.2 NAME	
STREET ADDRESS	513 S.W. BAY POINTE CR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	PALM CITY FL	1.4 CITY, ST, ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KELLY	2.2 NAME	
STREET ADDRESS	513 S.W. BAY POINTE CR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	PALM CITY FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 included 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, 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 of this report, or on an attachment with an address.

SIGNATURE: 6/1/95 407-286-0886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ADAM BROWN**

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Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **V25070 (6)**

1. Corporation Name
WEST KENDALL ROLLER HOCKEY CLUB INC.

Principal Place of Business Mailing Address
13001 NORTH KENDALL DRIVE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **13811 N Kendall Dr.** 26 **13811 N Kendall Dr.**
22 Suite, Apt #, etc. 27 Suite, Apt #, etc.
23 **Miami FL** 28 **Miami FL**
24 **33186** 25 **USA** 29 **33186** 30 **USA**

4. FEI Number **65-0339410** 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**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GREEN, WILLIAM T. IV
13001 NORTH KENDALL DRIVE
MIAMI FL 33186**

10. Name and Address of New Registered Agent
B1 Name **Green, William T. IV**
B2 Street Address (P.O. Box Number is Not Acceptable) **13811 N Kendall Dr.**
B3
B4 City **Miami** FL B5 Zip Code **33186**

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 **William T. Green IV** Date **5/1/94**

12. OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	GREEN, WILLIAM T. I
STREET ADDRESS	13234 SW 86 TER.
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	GREEN, WILLIAM T. I
STREET ADDRESS	13234 SW 86 TER.
CITY - ST - ZIP	MIAMI FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREEN, WILLIAM T. IV
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREEN, WILLIAM T. IV
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 supplements the annual report as 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 registered agent 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 in Block 13 if added, with an address.

SIGNATURE: **William T. Green IV** Date **5/1/94** **305-38-2453**