

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

APPROVED AND FILED

57 MAY 20 11:03:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LAWRENCE B. MURPHY
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # **V47174** (O)

1. Corporation Name
C AND C ELECTRICAL, INC.

Principal Place of Business: **1030 NW 200 TERRACE MIAMI FL 33169 US**
 Mailing Address: **P O BOX 4451 HOLLYWOOD FL 33003 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1992** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0348020** Applied For: Not Applicable

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

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

8. This corporation has liability for enterprise tax under s. 199.035, Florida Statutes: Yes No

2. Principal Office of Corporation: **21** 2b. Mailing Address: **26**
 22. State: **27**
 23. City & State: **28**
 24. Tax: **25** 29. Tax: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYLAND, CYRIL
1951 N.W. 141 STREET
BAY 18
MIAMI FL 33054-4152**

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **1030 NW 200 TERRACE**
83.
84. City: **MIAMI** FL 85. Zip Code: **33169**

11. Pursuant to the provisions of Sections 607.0305 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 obligation of Section 607.0305, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS	
OFFICER	P NAME: MYLAND, CYRIL STREET ADDRESS: 1030 NW 200 TERRACE CITY & STATE: MIAMI FL
OFFICER	VP NAME: GRAY, PAULA STREET ADDRESS: 1030 NW 200 TERR CITY & STATE: MIAMI FL
OFFICER	S NAME: LITTLE, TOYSON STREET ADDRESS: 1030 NW 200 TERRACE CITY & STATE: MIAMI FL
OFFICER	T NAME: WILSON, CLIFFORD G STREET ADDRESS: 1030 NW 200 TERRACE CITY & STATE: MIAMI FL
OFFICER	
OFFICER	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 s. 607.0305, 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 and make under oath. That I am available or able to act for all the corporation or the receiver or trustee empowered to carry out 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 alternate with an address.

SIGNATURE: *Cyril Myland* **CYRIL MYLAND** 1/12/95 305 655-0972
 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. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V47751** (5)
1. Corporation Name
REPUBLIC INSURANCE SERVICES, INC.

Principal Place of Business
**1100 CLEVELAND ST
SUITE 837
CLEARWATER FL 34615**

Mailing Address
**1100 CLEVELAND ST.
SUITE 837
CLEARWATER FL 34615**

2. Principal Place of Business
21

2a. Mailing Address
26

State and # City
22

City & State
27

City & State
23

City & State
24

City & State
25

City & State
28

City & State
29

City & State
30

APPROVED
FILED
5-15-95 10:15
TALLAHASSEE
FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date the Corporation or Qualified
07/02/1992

3a. Date of Last Report
08/08/1994

4. FEI Number
59-3134967

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 intangibles tax under 5-199 (3)(b) Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PARKER, JAMES M
1100 CLEVELAND ST.
SUITE 837
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

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 607.01(5) 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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607.01(5), Florida Statutes.

SIGNATURE: *James M Parker* 5-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12-1 NAME	PS PARKER, JAMES M 10355 PARADISE BLVD. #413 TREASURE ISLAND FL 33706	13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-2 STREET ADDRESS		13-2 NAME	
12-3 CITY & STATE		13-3 STREET ADDRESS	
12-4 NAME		13-4 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 STREET ADDRESS		13-5 NAME	
12-6 CITY & STATE		13-6 STREET ADDRESS	
12-7 NAME		13-7 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 STREET ADDRESS		13-8 NAME	
12-9 CITY & STATE		13-9 STREET ADDRESS	
12-10 NAME		13-10 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 STREET ADDRESS		13-11 NAME	
12-12 CITY & STATE		13-12 STREET ADDRESS	
12-13 NAME		13-13 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-14 STREET ADDRESS		13-14 NAME	
12-15 CITY & STATE		13-15 STREET ADDRESS	
12-16 NAME		13-16 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-17 STREET ADDRESS		13-17 NAME	
12-18 CITY & STATE		13-18 STREET ADDRESS	
12-19 NAME		13-19 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-20 STREET ADDRESS		13-20 NAME	
12-21 CITY & STATE		13-21 STREET ADDRESS	

14. I 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)(a), Florida Statutes. I further certify that the information submitted 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 as an attachment with original.

SIGNATURE: *James M Parker* 5-15-95 (813) 447-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norton
Secretary of State
1995-1999

Approved
1995

MAY 20 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47861** (2)

HARPOON HARRY'S, INC.

Physical Address: **832 CAROLINE ST. KEY WEST FL 33040**
Mailing Address: **832 CAROLINE ST. KEY WEST FL 33040**

(Print in white in this space)

3. Date Incorporation or Qualified: **07/06/1992** 3a. Date of Last Report: **03/28/1994**
4. FE Number: **65-0356317** Applied For: Not Applicable
5. Certificate of State Renewal: **\$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 damages for products sold in Florida: Yes No

2. Name of Corporation: **HARPOON HARRY'S, INC.** 2a. Mailing Address: **832 CAROLINE ST. KEY WEST FL 33040**
21. State of Incorporation: **FL** 26. State Apt. # etc.:
22. City: **KEY WEST** 27. City & State:
23. County: **MONROE** 28. County & State:
24. Zip: **33040** 25. Zip: **33040** 29. Zip: **33040** 30. Zip: **33040**

9. Name and Address of Current Registered Agent
**COBB, ROBERT A
832 CAROLINE STREET
KEY WEST FL 33040**

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

11. I, the undersigned, the secretary of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as a corporation subject to laws of 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 authorized to accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* TITLE: *[Title]*

12. OFFICERS AND DIRECTORS

VP	RONALD K. HECK 832 CAROLINE ST. KEY WEST FL
PRESIDENT	ROBERT COBB 832 CAROLINE ST KEY WEST FL 33040
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	
PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT COBB
STREET ADDRESS	832 CAROLINE ST KEY WEST FL 33040
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, 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. I am an officer or director of the corporation or the receiver or trustee or any person named in this report as required by Chapter 607, Florida Statutes, and that my name and name of the corporation are on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **V48258** (0)
1. Corporation Name
HERITAGE AUTOMOTIVE ENTERPRISES, INC.

Principal Place of Business Making Address
2665 CLEVELAND AVENUE SUITE 108 FT MYERS FL 33901 **2665 CLEVELAND AVENUE SUITE 108 FT MYERS FL 33901**

APPROVED AND FILED
MAY 20 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 26. Making Address
21. Suite Apt # etc. 27. Suite Apt # etc.
22. City & State 28. City & State
23. Country 30. Country

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **04/05/1994**
4. FEI Number **65-0344415** Applied For Not Applicable
5. Certificate of Status (Desires) \$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 exceptions for under 1994 Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**LEGRANDE, J.L.
2069 FIRST STREET
SUITE 304
FT MYERS FL 33901**

10. Name and Address of New Registered Agent
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 607.05(2) and 607.12(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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.05(2) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. NAME	D STEWART, SUE C.
2. STREET ADDRESS	748 PONDELLA RD #E226
3. CITY, STATE, ZIP	N FT MYERS FL
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I am not guilty for the corporation listed by Section 119.07(4)(a), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 (change) or on an attached sheet with an address.

SIGNATURE: *Sue Stewart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95 1334-4157