

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V50947** (3)

1. Corporation Name
FRENCH'S TRANSMISSION, INC.

55 MAY - 1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **701 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**
Mailing Address: **701 SOUTH FLORIDA AVENUE
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-3133893**
Applied For: Not Applicable:

State Apt. # etc: **22**
City & State: **23**

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

Zip: **24** Country: **25** Zip: **29** Country: **30**

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

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FRENCH, DONALD D.
1120 DEVONSHIRE LANE
LAKELAND FL 33813**

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 607.0562 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: _____

12. OFFICERS AND DIRECTORS	
OFFICER	PD NAME: FRENCH, JOHN A. STREET ADDRESS: 1734 STAUNTON AVENUE CITY, ST, ZIP: LAKELAND FL
OFFICER	VSD NAME: FRENCH, DONALD D. STREET ADDRESS: 1120 DEVONSHIRE LANE CITY, ST, ZIP: LAKELAND FL
OFFICER	VTD NAME: FRENCH, TIMOTHY D. STREET ADDRESS: 3405 PEACOCK LANE CITY, ST, ZIP: MULBERRY FL
OFFICER	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
OFFICER	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____
OFFICER	NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 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 Section 199.03(9)(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 done under oath. That I am an officer or director of this corporation or the removal or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: *Donald D. French*

4/25/95 6863101

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
7/20/95
FEDS

07/20/1995

JACKSONVILLE, FLORIDA

DOCUMENT # **V52166** (8)

1. Corporation Name
SEACO MORTGAGE, INC.

2. Previous Name of Business
**2320 SOUTH 3RD STREET
SUITE 13
JACKSONVILLE BEACH FL 32250**

3. Mailing Address
**2320 SOUTH 3RD STREET
SUITE 13
JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 07/20/1992	3a. Date of Last Report 04/28/1994
4. FE Number 59-3132597	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

21. Previous Name of Business	2a. Mailing Address
22. State, Apt. # etc.	27. State, Apt. # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PATTERSON, LAWRENCE R. 3010 SOUTH 3RD STREET SUITE A JACKSONVILLE BEACH FL 32250		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 607.0501 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 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D	MCCONDICHIE, HAYNE D. 61 PONTE VEDRA BLVD. PONTE VEDRA BCH FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE D	BOWLER, DAVID W. 718 PONTE VEDRA BLVD. PONTE VEDRA BCH FL	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is truthfully furnished and is true and correct for the reasons stated in the laws of the State of Florida. I further certify that the information indicated on this report is of a personal or confidential nature and is confidential and that my corporation 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 persons authorized to execute this report as required by Chapter 402, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or as an officer or director.

SIGNATURE: *David W. Bowler* *D.W. Bowler* 4/27/95 904-246-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Marbury
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **V52691** (5)

95 MAY 1 1995 38

DOLLY-GEE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location: **80 MAYFAIR LANE BOYNTON BEACH FL 33462**
Mailing Address: **80 MAYFAIR LANE BOYNTON BEACH FL 33462**

DO NOT WRITE IN THIS SPACE

2. Principal Office Location		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1992	3a. Date of Last Report 06/03/1994
21. State Apt # etc.	26. State Apt # etc.	4. FL# Number 65-0346094		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FALLER, GEORGE 80 MAYFAIR LANE BOYNTON BEACH FL 33462				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FALLER, GEORGE	2. NAME	
3. STREET ADDRESS	80 MAYFAIR LANE	3. STREET ADDRESS	
4. CITY & ZIP	BOYNTON BEACH FL	4. CITY & ZIP	
5. TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	KAFKA, ELEANORE D.	6. NAME	
7. STREET ADDRESS	80 MAYFAIR LANE	7. STREET ADDRESS	
8. CITY & ZIP	BOYNTON BEACH FL	8. CITY & ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & ZIP		12. CITY & ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & ZIP		16. CITY & ZIP	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & ZIP		20. CITY & ZIP	

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 316.02(2)(b), Florida Statutes. I further certify that the information contained on this annual report or bi-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 treasurer or transfer agent, or have been appointed to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in block 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20, as applicable, with an address.

SIGNATURE: *Eleanore Kafka* 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

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FILED

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Tamba B. Bryant
 Secretary of State
 1700 North West 25th Street, Tallahassee, FL 32301

DOCUMENT # **V54125**

(2)

FLORIDA NEUROSURGERY, P.A.

Previous Office Address 4106 W. LAKE MARY BLVD. SUITE 201 LAKE MARY FL 32746 US	Current Office Address 4106 W. LAKE MARY BLVD. SUITE 301 LAKE MARY FL 32746 US	3. Date of last report 07/29/1992	3a. Date of last report 04/25/1994
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2. Principal Office Address 21 1071 W. MORSE BLVD.	2a. Mailing Address 26 1071 W. MORSE BLVD.	4. FFI Number 59-3131306	Applied For <input type="checkbox"/> Not Applicable
22. State Address 22 WINTER PARK, FL 32789	27. State Address 27 WINTER PARK, FL 32789	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. City	25. County	29. City	30. County
7. This corporation has liability for intangible tax under § 199(4)(d), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent F & L CORP. GREENLEAF BLDG., THIRD FL 200 LAURA ST. JACKSONVILLE FL 32201-0240	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0545 and 607.1508, Florida Statutes, the above named corporation submits the 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 obligations of, Section 607.0539, Florida Statutes.

SIGNATURE: _____ (Signature of current registered agent) _____ (Signature of new registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4-13)	
NAME P APPLEY, ALAN J. M.D.	STREET ADDRESS 7808 W. LAKE MARY BLVD., SUITE 201 LAKE MARY FL	1. NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1071 W. MORSE BLVD. WINTER PARK, FL 32789
NAME	STREET ADDRESS	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and that I am qualified for the corporation stated in Section 199(4)(d), 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 and have always been of the legal age for the exercise of the rights and duties of a citizen of the State of Florida and that my address appears on Block 1 of the Florida Department of State's current directory with an address.

SIGNATURE: *Alan J. Appley, MD* 4/27/95 (407) 594-0051

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CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
Department of Banking
and Finance
Tallahassee, Florida 32399-0001

DOCUMENT # **V54311** (8)
TRADECOL, INC.

APPROVED
60 MAY 21 11:03 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 7383 NW 54 ST MIAMI FL 33166
Mailing Address: 7383 NW 54 ST MIAMI FL 33166

3. Date incorporated or qualified: 07/27/1992
3a. Date of Last Report: 08/15/1994

21. Principal Place of Business: 11701 NW 102 Rd Suite Apt # 9 Medley FL 33178
25. Mailing Address: 11701 NW 102 Rd Suite # 9 Medley FL 33178

22. City & State: Medley FL
26. City & State: Medley FL

24. Zip: 33178
25. County: Dade
29. Zip: 33178
30. County: Dade

4. FEI Number: 65-0349844
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. The corporation has liability for intangible tax under s. 199.002 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SUAREZ, CARLOS 7383 NW 54 ST MIAMI FL 33166

10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (P.O. Box Number or Not Applicable): 11701 NW 102 Rd Suite # 9
B3 City: Medley FL
B4 State: FL
B5 Zip Code: 33178

11. Pursuant to the provisions of law being amended and by 1995 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address indicated in this report. This change was authorized by the corporation's board of directors, thereby accepting responsibility as registered agent under the law, and accepted the applicability of section 199.002, Florida Statutes.

SIGNATURE: _____

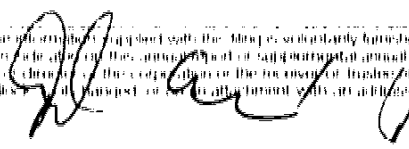
12. OFFICERS AND DIRECTORS (List in Alphabetical Order)

NAME	P SUAREZ, CARLOS
STREET ADDRESS	4757 NW 97 PLACE
CITY	MIAMI FL 33178
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL REGISTERED OFFICES (List in Alphabetical Order)

STREET ADDRESS	11226 S.W. 114 LA. Circle
CITY	MIAMI FL 33176
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

14. I, the undersigned, certify that the information supplied with this report is truthfully furnished, and I am duly qualified for this responsibility under the laws of the State of Florida. I further certify that the information contained in this annual report of shareholders and directors is true and accurate and that my signature shall have the same legal effect as if made in the usual and proper course of business. This certificate is the responsibility of the person who prepared this report as required by chapter 199, Florida Statutes, and that my name appears in this report as the registered agent of the corporation.

SIGNATURE:  CARLOS SUAREZ 4.24.95 305
838-0519

018044 CP