

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
195 MAY -1 AM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69533** (0)

1. Corporation Name:
VOYAGE PLUS TRAVEL, INC.

Principal Place of Business: **1109 N FEDERAL HWY SUITE 1 HOLLYWOOD FL 33020**
Mailing Address: **4900 NW 25TH TERR. TAMARAC FL 33309 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/08/1992** 3a. Date of Last Report: **04/28/1994**

2. Previous Place of Business: 2a. Mailing Address:

21. **21940 GRIFFIN ROAD** 26. Suite, Apt. #, etc.

22. City & State: 27. City & State:

23. **FT-LAUDERDALE FL** 28. County:

24. **33322** 25. **BROWARD** 29. 30.

4. FEI Number: **65-0361704** 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 intangible tax under Chapter 208, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BIRKENWALD, RICHARD PAUL
2020 NE 163RD ST
SUITE 101
NORTH MIAMI BEACH FL 33162**

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE: **V.P.**
NAME: **LAUZIER, JEAN-PAUL**
STREET ADDRESS: **4900 NW 25 TERRACE**
CITY, ST, ZIP: **TAMARAC FL**

TITLE: **VRST**
NAME: **LAUZIER, CLAIRE**
STREET ADDRESS: **4900 NW 25 TERR**
CITY, ST, ZIP: **TAMARAC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **P.** 1.2 NAME: **MARK LEVESQUE** Change Addition
1.3 STREET ADDRESS: **21940 GRIFFIN ROAD**
1.4 CITY, ST, ZIP: **FT-LAUDERDALE 33322**

2.1 TITLE: **V.P.** 2.2 NAME: **LAUZIER, JEAN-PAUL** Change Addition
2.3 STREET ADDRESS: **4900 N.W. 25th Terrace**
2.4 CITY, ST, ZIP: **TAMARAC FL 33309**

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY, ST, 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 114.02, (b)(1) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath by 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: **MARK LEVESQUE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark Levesque

11/13/95
305-484-3583
021701 CP

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

APPROVED AND FILED

DOCUMENT # V70082 (5)

1. Corporation Name A & B HEATING & AIR CONDITIONING, INC.

Principal Place of Business 109 COMMERCE ST LAKE MARY FL 32746 Mailing Address 109 COMMERCE ST LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1992 3a. Date of Last Report 01/25/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 ZIP 25 COUNTRY 29 ZIP 30 COUNTRY

4. FEI Number 59-3147048 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. 199.12(2), Florida Statutes Yes No

9. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F., JR. 505 WEKIVA SPRINGS ROAD SUITE 800 LONGWOOD FL 32779

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 607.0702 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 607.0705, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Table with 6 columns: Title, Name, Street Address, City, St, Zip. Row 1: D, DELORUSSO, ROBERT G, 109 COMMERCE ST, LAKE MARY, FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 columns: Title, Name, Street Address, City, St, Zip. Includes checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this block is voluntarily furnished and is true and correct and that this signature shall have the same legal effect as if made on file only that I am an officer or director of the corporation or the registered or statutory agent of the corporation and that my name appears in Block 12 or Block 13, if changed, or on any attachment with an acknowledgment.

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

4/30/95 201 335 6465