FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 4:36
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **639702** **(0)**

1. Corporate Name
ALBADOR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2330 SE 16TH ST P.O. BOX 576 CAPE CORAL FL 33990	2330 SE 16TH ST P.O BOX 576 CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1979**	3a. Date of Last Report: **07/21/1994**
4. FEI Number: **59-2090145**	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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PILATOWSKI, BOHDAN
2330 SE 16TH STR
CAPE CORAL FL 33904

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 607.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PT	☐ Change ☐ Addition
NAME	PILATOWSKI, BOHDAN	
STREET ADDRESS	2330 SE 16 STR	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	VPS	☐ Change ☐ Addition
NAME	PILATOWSKI, NANCY ANNE	
STREET ADDRESS	2330 SE 16 ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(i), 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: Nancy Anne Pilatowski NANCY ANNE PILATOWSKI 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-574-8822

0331820 CP

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] 1 AM 9:57

[illegible] OF STATE
[illegible]ASSEE, FLORIDA

DOCUMENT # **640003** **(0)**

1. Corporate Name
WEST COAST MOTOR LINES, INC.

Principal Place of Business	Mailing Address
7011 BAKER ROAD NEW PORT RICHEY FL 34653	7011 BAKER ROAD NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / 29
County — 25 / 30

4. FEI Number: **59-1937164** ☐ 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 [illegible] for [illegible] under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DONNELLY, WILLIAM W.
7011 BAKER ROAD
NEW PORT RICHEY FL 34653

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 Section 607.0202 and 607.1108, 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
[illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
12 NAME	**DONNELLY, WILLIAM W.**	12 NAME	
13 STREET ADDRESS	**7011 BAKER ROAD**	13 STREET ADDRESS	
14 CITY ST ZIP	**NEW PORT RICHEY FL**	14 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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)(i), 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: ✓ William W. Donnelly
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
William W. Donnelly, President/Director

✓ 5/1/95
Date

813/848-3262
Daytime Phone #

0460230 FP

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ANNUAL REPORT
1995

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

APPROVED
AND
FILED

-1 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640619 (3)

1. Name of Corporation
HEADWAY MANAGEMENT COMPANY

Principal Office
4620 N STATE ROAD 7
SUITE 120
FT. LAUDERDALE FL 33319-4009

Mailing Address
4620 N STATE ROAD 7
SUITE 120
FT. LAUDERDALE FL 33319-4009

Federal Employer Identification (FEI) Number

3. Date Incorporated / Qualified in Florida
08/27/1979

3a. Date of Last Report
10/05/1994

2. Principal Place of Business
21
22
23
24 25

2a. Mailing Address
26
27
City & State
28
29 30

4. FEI Number
93-0754910
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. Is the corporation owned or controlled by foreign entities as defined in Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

ESIENSMITH P.A., JEFFREY R
ONE FINANCIAL PLAZA
SUITE 1610
FT LAUDERDALE FL 33394

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 Section 607.1007 and/or 1008, 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 of New Registered Agent

12. OFFICER AND DIRECTORS

PD
BURRIS, DAVID F.
4620 N STATE RD 7 #120
FT LAUDERDALE FL

TD
FERGUSON, DAVID W.
4620 N STATE RD 7 #120
FT LAUDERDALE FL

SD
FLATT, BRUCE
4620 N STATE RD 7 #120
FT LAUDERDALE FL

VPAS
BALL, JOSEPH M.
4620 N STATE RD 7 #120
FT LAUDERDALE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

TD
ALAN NORRIS
4620 N. STATE RD. 7 #120
FT. LAUDERDALE, FL

Change Addition

Change Addition

Change Addition

Change Addition

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a violation of section 817.155, Florida Statutes. I understand that the annual report must be delivered to the Department of State by May 1 of the year following the calendar year in which the corporation was authorized to transact business in Florida. I understand that I am required to include the name and address of a registered agent, and the name and business address of each officer and director listed in 12 above. I understand that this report must be executed by an officer or director of the corporation, or by a general partner if a partnership, or by an attorney or other agent if accompanied by a properly executed power of attorney.

SIGNATURE: David Burris 4/28/95 (305) 486-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0220548 CP