

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

APPROVED
AND
FILED

MAY 20 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATHIAS
Secretary of State
CHIEF OF BUREAU OF CORPORATIONS

DOCUMENT # **483932** (0)
MAZZONE SNACK FOODS, INC.

Principal Office of the Corporation: **5923 RAVENSWOOD ROAD BLDG. G BOYS 18-20 FT. LAUDERDALE FL 33312-3698**
Mailing Address: **5923 RAVENSWOOD ROAD BLDG. G. BAYS 18-20 FT. LAUDERDALE FL 33312-3698 US**

PLEASE PRINT IN THIS SPACE

3. Date of Incorporation (or Qualification)	3a. Date of Last Report
09/04/1975	04/27/1994
4. FEI Number	Applied Fee
59-1643370	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 delinquent taxes under Chapter 207, Florida Statutes	☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PELLEGGATTI, FRANK 3959 NW 87TH AVE. SUNRISE FL 33351	81. Name
	82. Street Address (or P.O. Box Number, if Not Applicable)
	83. City
	84. City
	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 602 (b)(1) and (b)(2) 190B, Florida Statutes, the above named corporation certifies 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 this appointment as registered agent. I am familiar with and accept the provisions of Sections 602 (b)(1) 190B, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	☐ Change ☐ Addition
2. NAME	PELLEGGATTI, FRANK	2. NAME	
3. STREET ADDRESS	3959 NW 87TH AVENUE	3. STREET ADDRESS	
4. CITY, ST, ZIP	SUNRISE FL	4. CITY, ST, ZIP	ZIP CODE 33351
5. TITLE		5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. 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 Sections 199.03(3)(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 made in accordance with the provisions of the Florida Statutes. I am the duly authorized officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Frank Pellegatti* **FRANK PELLEGGATTI** 5/15/95 305-761-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED

10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
1995

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

DOCUMENT # **484812** (3)

MARQUES AND ORIZONDO, M.D., P.A.

Principal Name of Defendant	Principal Address
% JOSE I MARQUES, MD 885 N POWERS DR. STE-D ORLANDO FL 32818	% JOSE I MARQUES, MD 885 N POWERS DR. STE-D ORLANDO FL 32818

10:10:00 AM - 10:15:00 AM - 10:20:00 AM - 10:25:00 AM - 10:30:00 AM

2. Principal Place of Residence		2a. Mailing Address		4. FID Number		Applied For	
21		26		59-1624087		Not Applicable	
State, Apt. # etc.		State, Apt. # etc.		5. Certificate of Status (Required)		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
City		City		8. Does candidate have liability for campaign law under 1959 City Council Statute		Yes ☐ No ☒	
24	25	29	30				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARQUES, JOSE I., M.D. 885 N. POWERS DR ORLANDO FL 32808		81	Name
		82	Street Address, if City Box Number is Not Acceptable
		83	
		84	City
		85	State

[illegible][illegible]

12.	OFFICE, ADDRESS, CITY	13.	ADDITIONAL CHANGES TO OFFICE, ADDRESS, CITY
NAME	P	1. NAME	☐ Change ☐ Address
STREET ADDRESS	ORIZONDO, H.C., M.D.	2. STREET ADDRESS	
CITY	3320 STONEWOOD COURT	3. CITY	☐ Change ☐ Address
NAME	T	4. NAME	
STREET ADDRESS	MARQUES, J.I., M.D.	5. STREET ADDRESS	
CITY	885 N. POWERS DR	6. CITY	☐ Change ☐ Address
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	☐ Change ☐ Address
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	☐ Change ☐ Address
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	☐ Change ☐ Address
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	☐ Change ☐ Address
NAME		19. NAME	
STREET ADDRESS		20. STREET ADDRESS	
CITY		21. CITY	☐ Change ☐ Address

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the purposes stated in "Article 101(b) Federal Statutes, Chapter 101(b) Statute, that the advertisement submitted in this regard is not supplemental material of a false and misleading nature and that the supplier shall not be liable for the same except in the event of fraud. I am not aware of any other person or persons who are responsible for the provision of this information or who are responsible for its use or the use of the information as reported by a supplier of the Federal Statutes, and that my name appears on the 101(b) of the Federal Statutes of the United States with this address.

SIGNATURE:

INVESTOR: THE FIRST INVESTMENT NAME OF BIRMINGHAM OFFICE ON ONE STORY

Abstract

1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 26

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
1905 North West 11th Street, Room 1100
Tallahassee, Florida 32304-3000

DOCUMENT # 489660

(1)

AAA SECURITY CORPORATION

Principal Place of Business

Mail Stop Address

5920 S.W. 93RD CT
MIAMI FL 33173

5920 S.W. 93RD CT.
MIAMI FL 33173

RECEIVED
JUN 22 1996 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE PRINT IN THIS SPACE

3. Date incorporated or organized

11/17/1975

3a. Date of Last Report

06/16/1994

2. Principal Place of Business

21

State Apt. B-100

2a. Mailing Address

26

State Apt. B-100

22

City & State

27

City & State

23

City & State

28

City & State

24

City & State

25

City & State

29

City & State

30

City & State

4. FET Number

59-1633754

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. 199.02,

Florida Statute

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPOS, KARINA
5920 S.W. 93RD COURT
MIAMI FL 33173

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 607.0505 and 607.0507, Florida Statutes, the above named corporation submits the 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 Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director, if applicable)

(Signature of Registered Agent or Director, if applicable)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

12.1

NAME
PD
CAMPOS, IRAN
5920 SW 93 COURT
MIAMI FL

12.2

NAME
STD
CAMPOS, KARINA
5920 SW 93 COURT
MIAMI FL

12.3

NAME
NAME
STREET ADDRESS
CITY & STATE

12.4

NAME
NAME
STREET ADDRESS
CITY & STATE

12.5

NAME
NAME
STREET ADDRESS
CITY & STATE

12.6

NAME
NAME
STREET ADDRESS
CITY & STATE

12.7

NAME
NAME
STREET ADDRESS
CITY & STATE

12.8

NAME
NAME
STREET ADDRESS
CITY & STATE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1

NAME

STREET ADDRESS

CITY & STATE

13.2

NAME

STREET ADDRESS

CITY & STATE

13.3

NAME

STREET ADDRESS

CITY & STATE

13.4

NAME

STREET ADDRESS

CITY & STATE

13.5

NAME

STREET ADDRESS

CITY & STATE

13.6

NAME

STREET ADDRESS

CITY & STATE

13.7

NAME

STREET ADDRESS

CITY & STATE

13.8

NAME

STREET ADDRESS

CITY & STATE

13.9

NAME

STREET ADDRESS

CITY & STATE

13.10

NAME

STREET ADDRESS

CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(4)(a), Florida Statutes. I further certify that the information made available by 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 registered agent or person responsible for filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or in an attachment with an address.

SIGNATURE:

(Signature and Title 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. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 495836

(9)

1. Corporation Name

FARMACIA ENRIQUE, INC.

Principal Place of Business

820 E. 41ST ST.
HALEAH FL 33013

Mailing Address

820 E. 41ST ST.
HALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/30/1976

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1771271

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

21

State, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONCEPCION, CARLOS F.
9100 S. DADELAND BLVD. #1406
MIAMI FL 33156

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 607.08(2) 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 607.08(2), Florida Statutes.

SIGNATURE

Print Name of Registered Agent (If Registered Agent is a Corporation, Print Name of Corporation)

Print Name of Registered Agent (If Registered Agent is an Individual, Print Name of Individual)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. NAME	PD NAVARRO, ANGEL
15. STREET ADDRESS	820 E. 41ST ST.
16. CITY & STATE	HALEAH FL
17. NAME	STD NAVARRO, YOLANDA
18. STREET ADDRESS	820 E. 41ST ST.
19. CITY & STATE	HALEAH FL
20. NAME	
21. STREET ADDRESS	
22. CITY & STATE	
23. NAME	
24. STREET ADDRESS	
25. CITY & STATE	
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	
29. NAME	
30. STREET ADDRESS	
31. CITY & STATE	

32. NAME		☐ Change ☐ Addition
33. STREET ADDRESS		
34. CITY & STATE		
35. NAME		☐ Change ☐ Addition
36. STREET ADDRESS		
37. CITY & STATE		
38. NAME		☐ Change ☐ Addition
39. STREET ADDRESS		
40. CITY & STATE		
41. NAME		☐ Change ☐ Addition
42. STREET ADDRESS		
43. CITY & STATE		
44. NAME		☐ Change ☐ Addition
45. STREET ADDRESS		
46. CITY & STATE		
47. NAME		☐ Change ☐ Addition
48. STREET ADDRESS		
49. CITY & STATE		
50. NAME		☐ Change ☐ Addition
51. STREET ADDRESS		
52. CITY & STATE		
53. NAME		☐ Change ☐ Addition
54. STREET ADDRESS		
55. CITY & STATE		
56. NAME		☐ Change ☐ Addition
57. STREET ADDRESS		
58. CITY & STATE		

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(2)(b), 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 and attached or on an attachment with an address.

SIGNATURE:

Yolanda Navarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95

Page 1 of 1

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

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JULY 22 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Munford
Secretary of State
Tallahassee, Florida 32399-0001**

DOCUMENT # 497165 (1)

CASTELLANO AIR CONDITIONING AND HEATING, INC.

1. Principal Office Address 2204 N. ARMENIA AVE. TAMPA FL 33607		2a. Mailing Address 2204 N. ARMENIA AVE. TAMPA FL 33607		3. Date Registered (2 Digits) 02/23/1976		3a. Date of Last Report 05/10/1994											
2. Principal Office City/State TAMPA, FLA.		2a. Mailing Address SAME		4. FEI Number 59-1648995		Applied For ☐ Not Applicable											
24. ZIP Code 33607		25. Hillsborough		5. Certificate of Status, Domestic		\$8.75 Additional Fee Required											
26. City & State TAMPA, FLA.		27. City & State TAMPA, FLA.		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees											
9. Name and Address of Current Registered Agent CASTELLANO, THOMAS C. 2705 W. LOUISIANA AVE. TAMPA FL 33614				10. Name and Address of New Registered Agent 81. Name: <i>Same</i> 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City: FL 85. Zip Code:													
11. The agent for the purpose of the term "agent" in Sections 1301 and 1302, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in part, as the State of Florida laws change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby withdrawing the resignation of Carol J. Castellano, as registered agent, as required by Florida Statutes.																	
12. OFFICERS AND DIRECTORS																	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																	
<table border="1"> <tr> <td>NAME</td> <td>ST</td> <td>CASTELLANO, CAROL J</td> <td>2705 W LOUISIANA AVE</td> <td>TAMPA FL</td> </tr> <tr> <td>NAME</td> <td>P</td> <td>CASTELLANO, THOMAS C</td> <td>2705 W LOUISIANA AVE</td> <td>TAMPA FL</td> </tr> </table>								NAME	ST	CASTELLANO, CAROL J	2705 W LOUISIANA AVE	TAMPA FL	NAME	P	CASTELLANO, THOMAS C	2705 W LOUISIANA AVE	TAMPA FL
NAME	ST	CASTELLANO, CAROL J	2705 W LOUISIANA AVE	TAMPA FL													
NAME	P	CASTELLANO, THOMAS C	2705 W LOUISIANA AVE	TAMPA FL													
14. The undersigned certifies that the information supplied with this filing is voluntarily furnished and does not comply for the exceptions stated in Sections 1301(2)(b) Florida Statutes. I further certify that the information supplied on the previous report or supplemental filing report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am aware that the responsibility of the accuracy of the foregoing information is mine and this report as required by Chapter 423, Florida Statutes, and that my signature appears in the filing of this report or on any other document with an affidavit.																	
SIGNATURE: <i>Carol J. Castellano</i>		CAROL J. CASTELLANO		5-16-95		877-6997											