

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAR 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 674721

1. Corporation Name

P. Tavilla Co. (Miami), Inc.

Principal Place of Business

Mailing Address

1245 N.W. 21st Terrace
Miami, FL 33142

300001439593

-03/24/95--01104--019

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/01/80

4. FBI Number

59-2005074

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. 190.042,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1245 N.W. 21st Terrace

26 8801 Exchange Dr.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Miami FL

28 Orlando, FL

Zip

Country

Zip

Country

24 33142

25 USA

29 32809

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Wanda S. Evans

82 Street Address (P.O. Box Number is Not Acceptable)

8801 Exchange Dr

83

84 City

Orlando

FL

85 Zip Code
32809

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

SEE ATTACHED STATEMENT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

D/P.
Walter R. Vasquez
1245 N.W. 21st Terrace
Miami, FL 33142

12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP

S/T
Wanda S. Evans
8801 Exchange Dr.
Orlando, FL 32809

12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP

Asst. Sec.
Bernadette M. Kruck
15303 Dallas Parkway, #1250
Dallas, TX 75249

12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

12.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that, not equally for the corporation stated in this filing, 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 make 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 an address.

SIGNATURE: Bernadette M. Kruck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernadette M. Kruck

3/14/95

214-387-2394

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

DOCUMENT # 685741

(1)

1. Corporation Name

LEE N SHELDON, D.M.D., P.A.

Principal Place of Business

2223 SARNO ROAD
MELBOURNE FL 32935

Mailing Address

2223 SARNO ROAD
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1980

3a. Date of Last Report

01/31/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2026172

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 194.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

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

Lee N. Sheldon

(a) Registered Agent (signature required when listed change)

202-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SHELDON, LEE N.
STREET ADDRESS	2223 SARNO ROAD
CITY, ST, ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

400001437294
-03/23/95--01012--006
****200.00 ****200.00

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 194.032, 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 make this report as required by Chapter 681, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached report with an address.

SIGNATURE: *Lee N. Sheldon* Lee N Sheldon

3-17-95

407-2589980