

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 14 AM 10:09

DOCUMENT # F58118 (3)

1. Corporation Name
SCHOENFELD REALTY, INC.

Principal Place of Business P.O. BOX 545949 300 71 STREET, SUITE 545 SURSIDE FL 33154	Mailing Address P.O. BOX 545949 300 71 STREET, SUITE 545 SURSIDE FL 33154
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1981	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21 300-71 Street	2a. Mailing Address 26 P.O. Box 545949	4. FEI Number 59-2143743	Applied For Not Applicable
Suite, Apt #, etc. 22 Suite 545	Suite, Apt #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Miami Beach, Fl. 33141	City & State 28 Surfside, Fl. 33154	6. Director's Certificate of Incorporation Trust Agreement <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**SCHOENFELD, NATHAN
300-71 STREET, SUITE 25
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and the filer, if filer is not the registered agent. Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENT	
TITLE STD	NAME SCHOENFELD, NOEMI	11 TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10185 COLLINS AVE #501	CITY, ST, ZIP BAL HARBOUR FL	12 NAME SCHOENFELD, NOEMI	13 STREET ADDRESS 10185 COLLINS AVE #PH2
		14 CITY, ST, ZIP BAL HARBOUR, FL. 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	NAME SCHOENFELD, NATHAN	21 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10185 COLLINS AVE #501	CITY, ST, ZIP BAL HARBOUR FL	22 NAME SCHOENFELD, NATHAN	23 STREET ADDRESS 10185 COLLINS AVE #PH2
		24 CITY, ST, ZIP BAL HARBOUR, FL. 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME SCHOENFELD, HAL	31 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10185 COLLINS AVE #501	CITY, ST, ZIP BAL HARBOUR FL	32 NAME SCHOENFELD, HAL	33 STREET ADDRESS 10295 COLLINS AVE #1003N
		34 CITY, ST, ZIP BAL HARBOUR, FL. 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 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)(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 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: Nathan Schoenfeld Nathan Schoenfeld 6-9-95 (305) 864-2310
(Typed Name #)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT CORPORATION ANNUAL REPORT



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

1995 6-15-95 6-7588 - NC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 11 11 08 95

DOCUMENT # F59478 (0)

1. Corporation Name
C.L. PUGH, INC.

Principal Place of Business Mailing Address
5911 WILLARD NORRIS RD 5911 WILLARD NORRIS RD
MILTON FL 32570 MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1981	3a. Date of Last Report 03/25/1994
4. FEI Number 59-2147736	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 U.S.C. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
LINDSAY, ALLEN W., JR
124 WILLING STREET, SE
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P O Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature: Typed or printed name of registered agent and line if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PUGH, C.L.
STREET ADDRESS	5911 WILLARD NORRIS ROAD
CITY, ST, ZIP	MILTON FL
TITLE	VST
NAME	PUGH, MARILYNE
STREET ADDRESS	5911 WILLARD NORRIS RD
CITY, ST, ZIP	MILTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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: *Marilyne Pugh* 6-15-95 (904)623-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone
 Marilyne Pugh

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F59676 (9)

1. Corporation Name

AMERICAN BANKING CORPORATION OF LAKE WALES

Principal Place of Business

222 ST RD 60 EAST
222 HIGHWAY 60 EAST
LAKE WALES FL 33853-748
US

Mailing Address

PO BOX 3400
222 HIGHWAY 60 EAST
LAKE WALES FL 33859-400
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1981**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2220745**
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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**MOSS, GREGORY D
222 ST ROAD 60 E
LAKE WALES FL 33853-3748**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOSS, GREGORY D
STREET ADDRESS	54 REGAL CT HILLCRES HTS
CITY - ST - ZIP	BABSON PARK FL
TITLE	D
NAME	HUNT, FRANK M
STREET ADDRESS	1015 SUNSET DR
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	MCCALLISTER, JAMES A
STREET ADDRESS	HILLCREST HEIGHTS
CITY - ST - ZIP	BABSON PARK FL
TITLE	D
NAME	NELSON, R.T. J
STREET ADDRESS	503 BULLARD AVENUE E
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	PARLIER, CLYDE J
STREET ADDRESS	248 RIDGE MANOR DR
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	STORY, VICTOR B JR
STREET ADDRESS	1131 S LAKESHORE BLVD
CITY - ST - ZIP	LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Richard Todd Foster	
13 STREET ADDRESS	3526 Black Jack Court	
14 CITY - ST - ZIP	Lake Wales, FL 33853	
21 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robert T. Ernest	
23 STREET ADDRESS	620 Beverly Drive	
24 CITY - ST - ZIP	Lake Wales, FL 33853	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *Richard Todd Foster* **Richard Todd Foster** 6/6/95 (813) 676-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Phone #)

CR2E034 (3/95)

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 15 1995

DOCUMENT # **F64208** (4)

1. Corporation Name
SUNCOAST AUCTION GALLERY, INC.

Principal Place of Business Mailing Address
1844 DREW STREET CLEARWATER FL 34625-9992 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/18/1982** 3a. Date of Last Report **03/25/1994**

2. Principal Place of Business 2a. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2198369** 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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBAI, JAWDET I., ESQ.
1605 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33516**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SIP
NAME	HOWES, HENRY W
STREET ADDRESS	13113 SHERIDAN DR
CITY ST ZIP	BAYONET PT 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 110.07(3)(k), 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: *Henry W. Howes*
SIGNATURE AND TYPE OR PRINTED NAME OF DIVISION OFFICER OR DIRECTOR
HENRY W. HOWES

6/12/95 *813-446-3008*
Date Signature (Print or Stamp)