

**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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 27 AM 8:55

DOCUMENT # H02685 (6)

To: **Respective Name**

FOUNTAIN CONTRACTOR COMPANY, INC.

Principal Place of Business

Mailing Address

5396 HOFFNER AVE.
ORLANDO FL 32812
US

5396 HOFFNER AVE.
ORLANDO FL 32812
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1984	3a. Date of Last Report 06/21/1994
4. FEI Number 59-2403223	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. ☐	\$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. 5462 Hoffner Avenue	26. 5462 Hoffner Avenue
Suite, Apt. #, etc. 22. Suite 502	Suite, Apt. #, etc. 27. Suite 502
City & State 23. Orlando, Florida	City & State 28. Orlando, Florida
Zip 24. 32812	Zip 29. 32812
County 25. Orange	County 30. Orange

9. Name and Address of Current Registered Agent

**SOMMERS, BERNARD D.
285 SOUTH MAITLAND AVENUE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81. Name
Philip Tatich, P.A.

82. Street Address (P.O. Box Number is Not Acceptable)
601 South Lake Destiny Road

83. **Suite 200**

84. City
Maitland, Florida

85. Zip Code
FL 32751

I, 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, 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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

7/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
12.1 NAME PD FOUNTAIN, EDDIE	13.1 TITLE ☐ Change ☐ Addition	900001547779	
12.2 STREET ADDRESS 6250 PERSHING AVENUE	13.2 NAME	-07/27/95--01064--021	
12.3 CITY & STATE ORLANDO FL	13.3 STREET ADDRESS	****225.00 ****225.00	
12.4 CITY & STATE	13.4 CITY & STATE	☐ Change ☐ Addition	
12.5 NAME	13.5 TITLE	☐ Change ☐ Addition	
12.6 STREET ADDRESS	13.6 NAME	☐ Change ☐ Addition	
12.7 CITY & STATE	13.7 STREET ADDRESS	☐ Change ☐ Addition	
12.8 CITY & STATE	13.8 CITY & STATE	☐ Change ☐ Addition	
12.9 NAME	13.9 TITLE	☐ Change ☐ Addition	
12.10 STREET ADDRESS	13.10 NAME	☐ Change ☐ Addition	
12.11 CITY & STATE	13.11 STREET ADDRESS	☐ Change ☐ Addition	
12.12 CITY & STATE	13.12 CITY & STATE	☐ Change ☐ Addition	
12.13 NAME	13.13 TITLE	☐ Change ☐ Addition	
12.14 STREET ADDRESS	13.14 NAME	☐ Change ☐ Addition	
12.15 CITY & STATE	13.15 STREET ADDRESS	☐ Change ☐ Addition	
12.16 CITY & STATE	13.16 CITY & STATE	☐ Change ☐ Addition	

14. I 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 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 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 1, or Block 1a if changed, on this statement with an address.

SIGNATURE:

SIGNATURE MUST BE WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eddie Fountain, President

06/27/95

(407) 275-7802

CR2E034 (3/95)

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
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DOCUMENT # H10195 1. Corporation Name
SABERN CONSTRUCTION CORP.

Principal Place of Business 150 S.W. 12 Avenue Suite 340 Pompano Beach, FL 33069	Mailing Address
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2. Principal Place of Business	2b. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip

9. Name and Address of Current Registered Agent	
Stuart A. Bernstein 3000 N.W. 106th Avenue Coral Springs, FL 33065	

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	D/p
NAME	Bernstein, Stuart A.
STREET ADDRESS	3000 N.W. 106th Avenue
CITY, ST, ZIP	Coral Springs, FL 33065
TITLE	D/V/S
NAME	Bernstein, Robert
STREET ADDRESS	150 S. Andrews Avenue, Suite 340
CITY, ST, ZIP	Pompano Beach, FL 33069
TITLE	D/T
NAME	Beebe, John
STREET ADDRESS	150 S.W. 12th Avenue, Suite 340
CITY, ST, ZIP	Pompano Beach, FL 33069
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
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 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 this 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: *John W Beebe* **7-10-95** **305-941-6301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED

JUL 21 AM 10:26

CLERK OF THE STATE
TREASURY, FLORIDA

DD

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6/28/84	3a. Date of Last Report 6/23/94
4. FEI Number 59-2431542	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	

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	