

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

**APPROVED  
AND  
FILED**

95 MAY 22 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **H39586** (3)

**SACON DEVELOPMENT CORP.**

Principal Office of Corporation: 2270 S.W. 71ST TERRACE DAVIE, F 33317-4136  
Mailing Address: 2270 S.W. 71ST TERRACE DAVIE, F 33317-4136

DO NOT WRITE IN THIS SPACE

3. Date the Corporation was Created: 01/23/1985  
3a. Date of Last Report: 02/17/1994

4. FE Number: 59-2527295  
Applied For: Not Applicable

5. Certificate of State Taxes: [ ] \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] \$5.00 May Be Added to Fees

7. This corporation has obtained a franchise fee credit certificate.  
Franchise Database: [ ] Yes [ ] No

2	2a	2b
21	26	27
22	27	28
23	28	29
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

EISENSMITH, JEFF PA  
ONE FINANCIAL PL  
STE 1610  
FT LAUDERDALE FL 33394

B1	Name
B2	Street Address (if FE File Number is Not Applicable)
B3	
B4	City
B5	Zip Code

11. I, the undersigned, the principal officer, officer, director, and/or officer of the Florida Statutes, have examined the corporation's report, this statement for the purpose of changing its registered office, and the corporation's report for the purpose of changing its registered office, and the corporation's report for the purpose of changing its registered office, and I hereby accept the appointment as registered agent. I am not a shareholder, officer, director, or officer of the corporation.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1	PT FAIELLA, STEVE 4980 S.W. 195TH TERRACE FT. LAUDERDALE FL VS FAIELLA, STEVE 4980 SW 195TH TERRACE FT. LAUDERDALE FL
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1	[ ] Change [ ] Addition
2	[ ] Change [ ] Addition
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4	[ ] Change [ ] Addition
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7	[ ] Change [ ] Addition
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16	[ ] Change [ ] Addition
17	[ ] Change [ ] Addition
18	[ ] Change [ ] Addition
19	[ ] Change [ ] Addition
20	[ ] Change [ ] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation as stated in law for Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation as stated in law for Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation as stated in law for Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation as stated in law for Florida Statutes.

SIGNATURE: *Steve Faiella*  
SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
Steve Faiella, President

5/15/95 305 424-3200

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

DOCUMENT # **H39895** (8)

1. Corporation Name  
**ANTHONY ELECTRIC, INC.**

RECEIVED  
MAY 23 11:10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

Principal Office Address: **401 11TH STREET  
P. O. BOX 51037  
KEY COLONY BEACH FL 33051  
US**

Mailing Address: **401-11TH STREET  
P.O.BOX 51037  
KEY COLONY BEACH FL 33051  
US**

3. Date Incorporated or Qualified: **01/28/1985**  
3a. Date of Last Report: **07/12/1994**

21. Principal Office (Business)	26. Mailing Address	4. FID Number	Applies Fee
22. State Apt # etc	27. State Apt # etc	59-2502475	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>CERCHIO, FRANK 401 11TH STREET P.O.BOX 51037 KEY COLONY BEACH FL 33051</b>		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	FL

11. Pursuant to the provisions of Sections 607 (b)(4) and 607 (b)(8), 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, thereby accept the appointment as registered agent. This notice will, and accept the obligations of, Section 607 (b)(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, ETC. OF OFFICERS AND DIRECTORS IN 1995	
OFFICER	<b>PVD CERCHIO, FRANK P.O. BOX 51037 NA KEY COLONY BEACH FL STD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	
OFFICER	<b>CERCHIO, ANNA MARIA P.O.BOX 51037 NA KEY COLONY BEACH FL</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, STATE, ZIP		8. CITY, STATE, ZIP	
OFFICER		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
OFFICER		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		16. CITY, STATE, ZIP	
OFFICER		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE, ZIP		20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed not subject to the exemption stated in Section 119.07(2)(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 it were made by the officer or director of the corporation at the residence or business premises of the officer or director. I consent to 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: *Frank Cerchio* **Frank Cerchio** **5/16/95** **305-743-2677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H39948** (5)

1. Corporation Name  
**EDWIN E. BORDERS, JR., P.A.**

Principal Place of Business  
**1112 THIRD ST., #9  
NEPTUNE BEACH FL 32266**

Mailing Address  
**1112 THIRD ST., #9  
NEPTUNE BEACH FL 32266**

**APPROVED  
AND  
FILED**

MAY 22 1995 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1112 THIRD ST., #9 NEPTUNE BEACH FL 32266		1112 THIRD ST., #9 NEPTUNE BEACH FL 32266		01/29/1985	05/01/1994
21. State App # of	26. State App # of	4. FEI Number	Applied For		
		59-2484906	Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
			<input type="checkbox"/> \$5.00 May Be Added to Fees		
23. Country	28. Zip	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BORDERS, EDWIN E. 1112 3 ST #9 NEPTUNE BCH FL 32233				81. Name	
				82. Street Address (P.O. Box Number, Not Applicable)	
				83. City	
				84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.04, 607.05, and 607.06, 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, thereby, to accept the appointment as registered agent. I am aware with and accept the obligations of, yes for 607.05(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	DS BORDERS, NANCY 1112 THIRD ST., #9 NEPTUNE BEACH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
4. NAME	DP BORDERS, EDWIN E., JR. 1112 THIRD ST., #9 NEPTUNE BEACH FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 199.03(2), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changes, or on an affidavit filed with an addition.

SIGNATURE: *Edwin E. Borders, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR  
**EDWIN E. BORDERS, JR.**