

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
Office of the Secretary of State

APPROVED
AND
FILED

MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74021**

(7)

1. Corporation Name

EKIN, INC.

Principal Place of Business

**1832 KENTUCKY AVE
WINTER PARK FL 32789-4529**

Mailings Address

**1705 LYNDAL BLVD.
MAITLAND FL 32751**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/03/1985	3a. Date of Last Report 08/24/1994
4. FEI Number 59-2779806	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 FS 199.032 Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 1705 LYNDAL BLVD.	26. 1705 LYNDAL BLVD.
22. MAITLAND, FL.	27. MAITLAND, FL.
23. 32751	28. FL
24. 32751	25. FL
29. 32751	30. FL

9. Name and Address of Current Registered Agent

**TORRUELLA, TANIA
1705 LYNDAL BLVD.
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.01(9)(c) and 607.1506 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, accept the appointment as registered agent. I am familiar with and accept the provisions of sections 607.01(9)(c) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

(Signature)

12. OFFICER, DIRECTOR, OR SHAREHOLDER		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1. NAME	PD TORRUELLA, TANIA	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	1705 LYNDAL BLVD	2. STREET ADDRESS	
3. CITY, STATE, ZIP	MAITLAND FL	3. CITY, STATE, ZIP	
4. NAME	VPD YOUNG, KERRY	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	1705 LYNDAL BLVD.	5. STREET ADDRESS	
6. CITY, STATE, ZIP	MAITLAND FL	6. CITY, STATE, ZIP	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE, ZIP		9. CITY, STATE, ZIP	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE, ZIP		15. CITY, STATE, ZIP	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, STATE, ZIP		18. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(1)(b) Florida Statutes. I further certify that the information is true and correct, 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 person or person empowered to come into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or both, and is changed, or is an attachment with an addition.

SIGNATURE:

(Signature of Registered Agent or Secretary of Corporation)

TANIA M. TORRUELLA

5-18-95

407-647-1951

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FILED**

65 MAY 27 4:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H74727 (9)

1. Corporation Name:

FINNELL & HAWKINS, P.A.

Principal Place of Business:

**11265 S. HWY 441
ORLANDO FL 32837-9208**

Mailing Address:

**11265 S. HWY 441
ORLANDO FL 32837-9208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/05/1985	03/01/1994
4. FCI Number	Applied For
59-2590096	☐ Not Applicable
5. Certificate of Status Due	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
6. This corporation has received a non-prosecution letter under Fla. Stat. 222.22	☒ Yes ☐ No

2. Principal Office of Business	2a. Mailing Address
21. State: FL	26. State: FL
22. Subst. Apt. # etc.	27. Subst. Apt. # etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FINNELL, GLENN M. 11265 S. HWY 441 ORLANDO FL 32821	81. Name
	82. Street Address, P.O. Box Number is Not Acceptable
	83. City
	84. State FL 85. Zip Code

11. Pursuant to the provisions of Sections 222.01, 222.02 and 222.03, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office as required in part of both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am authorized to accept the appointment of the new registered office, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICER, REGISTRAR AND DIRECTORS IN 12
1. NAME DP FINNELL, GLENN M. 11265 S. HWY 441 ORLANDO FL	1. NAME ☐ Change ☐ Addition
2. NAME DST HAWKINS, GENYE E. 11265 S. HWY 441 ORLANDO FL	2. NAME ☐ Change ☐ Addition
3. NAME	3. NAME ☐ Change ☐ Addition
4. NAME	4. NAME ☐ Change ☐ Addition
5. NAME	5. NAME ☐ Change ☐ Addition
6. NAME	6. NAME ☐ Change ☐ Addition
7. NAME	7. NAME ☐ Change ☐ Addition
8. NAME	8. NAME ☐ Change ☐ Addition
9. NAME	9. NAME ☐ Change ☐ Addition
10. NAME	10. NAME ☐ Change ☐ Addition
11. NAME	11. NAME ☐ Change ☐ Addition
12. NAME	12. NAME ☐ Change ☐ Addition
13. NAME	13. NAME ☐ Change ☐ Addition
14. NAME	14. NAME ☐ Change ☐ Addition
15. NAME	15. NAME ☐ Change ☐ Addition
16. NAME	16. NAME ☐ Change ☐ Addition
17. NAME	17. NAME ☐ Change ☐ Addition
18. NAME	18. NAME ☐ Change ☐ Addition
19. NAME	19. NAME ☐ Change ☐ Addition
20. NAME	20. NAME ☐ Change ☐ Addition

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 222.02(1)(b), Florida Statutes. I further certify that the information included in 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 treasurer or trustee empowered to execute this report as required by Chapter 222, Florida Statutes, and that my name appears in Block 1, 2 or Block 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE: Genye E. Hawkins Genye E Hawkins 5/18/95 (407) 855-1297

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FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
Division of Corporations

DOCUMENT # **H75136** (2)

RAVA SAIL, INC.

Principal Office of Business
**1124 BEARTICE AVENUE
TITUSVILLE FL 32780**

Mailing Address
**1124 BEARTICE AVENUE
TITUSVILLE FL 32780**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 09/09/1985	3a. Date of Last Report 06/17/1994
4. FEI Number 59-2612861	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 1954 U.S. Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**ALLEN, RONALD W.
1124 BEATRICE AVENUE
TITUSVILLE FL 32780**

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 607.04(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 607.1509, Florida Statutes.

SIGNATURE

Signature of Agent or Director (if registered agent is not a corporation)

Signature of Registered Agent (if registered agent is a corporation)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PD ALLEN, RONALD W.	12.2 STREET ADDRESS 1124 BEATRICE AVENUE	12.3 CITY, ST., ZIP TITUSVILLE FL
12.4 NAME VST ALLEN, VICKI C.	12.5 STREET ADDRESS 1124 BEATRICE AVENUE	12.6 CITY, ST., ZIP TITUSVILLE FL
12.7 NAME D ALLEN, VICKI C.	12.8 STREET ADDRESS 1124 BEATRICE AVENUE	12.9 CITY, ST., ZIP TITUSVILLE FL
12.10 NAME	12.11 STREET ADDRESS	12.12 CITY, ST., ZIP
12.13 NAME	12.14 STREET ADDRESS	12.15 CITY, ST., ZIP
12.16 NAME	12.17 STREET ADDRESS	12.18 CITY, ST., ZIP
12.19 NAME	12.20 STREET ADDRESS	12.21 CITY, ST., ZIP
12.22 NAME	12.23 STREET ADDRESS	12.24 CITY, ST., ZIP
12.25 NAME	12.26 STREET ADDRESS	12.27 CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	☐ Change ☐ Addition
13.3 NAME	☐ Change ☐ Addition
13.4 NAME	☐ Change ☐ Addition
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	☐ Change ☐ Addition
13.7 NAME	☐ Change ☐ Addition
13.8 NAME	☐ Change ☐ Addition
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	☐ Change ☐ Addition

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 199.02(7)(a), Florida Statutes. I further certify that the information submitted on the 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 both as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Vicki C. Allen

VICKI C. ALLEN

5-15-95

407-268-2768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NO.

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

**APPROVED
AND
FILED**

MAY 23 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H75339

(2)

1. Corporation Name:

OREAL AND MCDONALD, INC.

Principal Place of Business:

**4331 RAVENSWOOD RD
FT. LAUDERDALE FL 33312**

Mailing Address:

**4331 RAVENSWOOD RD
FT. LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/10/1985** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-2583820** Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

7. Has the corporation ever been a subsidiary of another corporation? ☐ Yes ☐ No

2. Principal Place of Business:

21. Suite, Apt. #, etc.

23. City & State:

24. State:

2a. Mailing Address:

26. Suite, Apt. #, etc.

28. City & State:

29. State:

9. Name and Address of Current Registered Agent

**OREAL, HENRY J.
77 SOUTH BIRCH RD.
SUITE 206
FT. LAUDERDALE FL 33316**

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 607.01(5) and 607.15(5)(b), Florida Statutes, the above named corporation certifies 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 607.01(5)(b), Florida Statutes.

SIGNATURE

(Signature of person filing report or agent, agent, partner, or trustee)

(Signature of Registered Agent or person required after incorporation)

12. OFFICERS AND DIRECTORS

12.1 NAME	PD OREAL, HENRY J.
12.2 STREET ADDRESS	77 SOUTH BIRCH RD.
12.3 CITY & STATE	FT. LAUDERDALE FL 33316
12.4 NAME	VD MCDONALD, BURTON W.
12.5 STREET ADDRESS	301 S.E. 3RD TERRACE
12.6 CITY & STATE	DANIA FL 33316
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1 NAME	☐ Change ☐ Addition
13.2 STREET ADDRESS	
13.3 CITY & STATE	
13.4 NAME	☐ Change ☐ Addition
13.5 STREET ADDRESS	
13.6 CITY & STATE	
13.7 NAME	☐ Change ☐ Addition
13.8 STREET ADDRESS	
13.9 CITY & STATE	
13.10 NAME	☐ Change ☐ Addition
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 NAME	☐ Change ☐ Addition
13.14 STREET ADDRESS	
13.15 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 607.01(5)(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 and make such a copy of this annual report or supplemental annual report 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 of this report or on an attachment with an address.

SIGNATURE:

Henry J. Oreal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry J. Oreal

5-18-95 305-584-1637