

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

57 MAY 22 14 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J48622**

(1)

ORMOND BEACH FLORIST, INC.

(DO NOT WRITE IN THIS SPACE)

1. Principal Place of Business		Mailing Address	
23 W GRANADA BLVD. ORMOND BEACH FL 32174-6302		23 W GRANADA BLVD. ORMOND BEACH FL 32174-6302	
2. Principal Place of Business		2b. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
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City		City	
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J49667** (5)

1. Corporation Name

RHINO LININGS OF SARASOTA-MANATEE, INC.

Previous Place of Business

5129 53RD AVE E
BRADENTON FL 34203
US

Mailing Address

% JOHN C. COLADO
4565 HACKAMORE RD.
SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1986

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2752191

Applied For

Not Applicable

State, Apt. #, etc.

22

State, 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

24. Country

25

29. Country

29

Country

30

8. This corporation has liability for intangible tax under S. 192.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLADO, JOHN C.
4565 HACKAMORE RD.
SARASOTA FL 34241

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 607.01001 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office re-registered agent or both in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to accept the appointment as registered agent.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Signature

12. OFFICERS AND DIRECTORS

1. Name

2. Street Address

3. City & State

4. Title

5. Name

6. Street Address

7. City & State

8. Title

9. Name

10. Street Address

11. City & State

12. Title

13. Name

14. Street Address

15. City & State

16. Title

17. Name

18. Street Address

19. City & State

20. Title

21. Name

22. Street Address

23. City & State

24. Title

25. Name

26. Street Address

27. City & State

28. Title

29. Name

30. Street Address

31. City & State

32. Title

33. Name

34. Street Address

35. City & State

36. Title

37. Name

38. Street Address

39. City & State

40. Title

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. Name

2. Street Address

3. City & State

4. Title

5. Name

6. Street Address

7. City & State

8. Title

9. Name

10. Street Address

11. City & State

12. Title

13. Name

14. Street Address

15. City & State

16. Title

17. Name

18. Street Address

19. City & State

20. Title

21. Name

22. Street Address

23. City & State

24. Title

25. Name

26. Street Address

27. City & State

28. Title

29. Name

30. Street Address

31. City & State

32. Title

33. Name

34. Street Address

35. City & State

36. Title

37. Name

38. Street Address

39. City & State

40. Title

SIGNATURE:

John C. Colado
SIGNATURE AND TYPED ON PRINTED NAME OF DIRECTOR
John C. Colado

5/18/95

Date

Signature of Director

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J50483

(3)

1. Corporation Name

ANDY'S ELITE POOL PLUMBING, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/29/1986

05/01/1994

4. FEI Number

59-2765264

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

2a. Mailing Address

1471 VIA DE LA PALMA
JUPITER FL 33477

1471 VIA DE LA PALMA
JUPITER FL 33477

21. Suite Apt # etc.

26. Suite Apt # etc.

22. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDROY, ROLAND
1471 VIA DE LA PALMA
JUPITER FL 33477

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 607.0402 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 of Registered Agent or Registered Agent and Registered Agent

Signature of Registered Agent or Registered Agent and Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	ANDROY, ROLAND
STREET ADDRESS	1471 VIA DE LA PALMA
CITY, ST, ZIP	JUPITER FL
TITLE	VD
NAME	ANDROY, DANIELLE
STREET ADDRESS	1471 VIA DE LA PALMA
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	S
NAME	ATKINSON, JAMES J.
STREET ADDRESS	2104 LAKE BASS CIRCLE
CITY, ST, ZIP	LAKE WORTH FL
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	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(9)(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 made under oath. That I am an officer or director of the corporation in the manner or hereby empowered to execute this report 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 affidavit.

SIGNATURE:

Danielle M. Androy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIELLE M. ANDROY

5/16/95 (407) 575-2062
DATE TELEPHONE

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

APPROVED
FILED

MAY 22 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51884 (1)

1. Corporation Name:

CUATT, INC.

Principal Place of Business:

**1700 80TH ST N.
ST PETERSBURG FL 33710**

Mailing Address:

**1700 80TH ST N.
ST PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1987

3a. Date of Last Report

04/15/1994

4. FCI Number

59-2747701

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 5-199-032
Florida Statute. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CUATT, JOHN WILLIAM, JR.
1700 80TH ST N.
ST PETERSBURG FL 33710**

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 607.06(1), 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 607.06(1), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of New Agent or Registered Agent's Representative)

DATE

12. OFFICERS AND DIRECTORS

12a. NAME	PD CUATT, MATTHEW SCOTT
12b. STREET ADDRESS	1700 80TH ST N.
12c. CITY, STATE, ZIP	ST PETERSBURG FL
12d. NAME	VD CUATT, JOHN WILLIAM, JR.
12e. STREET ADDRESS	1700 80TH ST N.
12f. CITY, STATE, ZIP	ST PETERSBURG FL
12g. NAME	STD CUATT, ELLEN LAVERNE
12h. STREET ADDRESS	1700 80TH ST N.
12i. CITY, STATE, ZIP	ST PETERSBURG FL
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, STATE, ZIP	
12m. NAME	
12n. STREET ADDRESS	
12o. CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Indicate by 12a-12o)

13a. NAME	☐ Change ☐ Addition
13b. STREET ADDRESS	
13c. CITY, STATE, ZIP	
13d. NAME	☐ Change ☐ Addition
13e. STREET ADDRESS	
13f. CITY, STATE, ZIP	
13g. NAME	☐ Change ☐ Addition
13h. STREET ADDRESS	
13i. CITY, STATE, ZIP	
13j. NAME	☐ Change ☐ Addition
13k. STREET ADDRESS	
13l. CITY, STATE, ZIP	
13m. NAME	☐ Change ☐ Addition
13n. STREET ADDRESS	
13o. 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 Section 119.07(1)(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 in handwriting by that person or officer or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Wm Cuatt Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Wm Cuatt 5/16/95 384-4221
DATE

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 # J52247 (0)

1. Corporation Name
CELEBRITY'S HAIR STUDIO, INC.

RECEIVED
JUN 13 1996
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Name of Executive % JUAN C. GONZALEZ 4704 NORTH ARMENIA AVENUE TAMPA FL 33603	Mailing Address % JUAN C. GONZALEZ 4704 NORTH ARMENIA AVENUE TAMPA FL 33603
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
State: Apt. # of 22	State: Apt. # of 27
City & State 23	City & State 28
24	25
29	30

3. Date incorporated or qualified 01/12/1987	3a. Date of Last Report 08/10/1994
4. FEI Number 59-2784839	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 adoption fees under § 190.12(2) Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN C.
4704 NORTH ARMENIA AVENUE
TAMPA FL 33603

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 190.001 and 190.12(2) 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 adoption of law for 190.12(2) Florida Statutes.

SIGNATURE _____ By _____ Registered Agent (signature required when changing)

12. OFFICERS AND DIRECTORS

12.1 NAME D GONZALEZ, JUAN C. 12.2 STREET ADDRESS 3302 PICO DRIVE 12.3 CITY & STATE TAMPA FL
12.4 NAME D CIRELLA, ANTHONY, JR. 12.5 STREET ADDRESS 603 WEST INDIANA 12.6 CITY & STATE TAMPA FL
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
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY & STATE
12.19 NAME 12.20 STREET ADDRESS 12.21 CITY & STATE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME 13.2 STREET ADDRESS 13.3 CITY & STATE	☐ Change ☐ Addition
13.4 NAME 13.5 STREET ADDRESS 13.6 CITY & STATE	☐ Change ☐ Addition
13.7 NAME 13.8 STREET ADDRESS 13.9 CITY & STATE	☐ Change ☐ Addition
13.10 NAME 13.11 STREET ADDRESS 13.12 CITY & STATE	☐ Change ☐ Addition
13.13 NAME 13.14 STREET ADDRESS 13.15 CITY & STATE	☐ Change ☐ Addition
13.16 NAME 13.17 STREET ADDRESS 13.18 CITY & STATE	☐ Change ☐ Addition
13.19 NAME 13.20 STREET ADDRESS 13.21 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 190.001(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 made under oath. That I am an officer or director of this corporation or the receiver or trustee of the corporation to make this report as required by Chapter 190, Florida Statutes, and that my signature appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:  **Anthony Cirella Jr** 5-16-95 313 272-7384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR