

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J70264** (3)
1. Corporation Name
M.J.N. PROPERTIES, INC.

2. Principal Place of Business
**740 WILKINSON
ORLANDO FL 32803**

3. Mailed Address
**740 WILKINSON
ORLANDO FL 32803**

(PRINT WITHIN THE SPACE)

3. Date of Report
04/28/1987

3a. Date of Last Report
08/11/1994

21. Filing Agent Name

26. Mailed Address

22. Filing Agent Address

27. State Agent No.

23. Filing Agent City

28. State Agent City

24. Filing Agent Zip

29. State Agent Zip

4. FFI Number

5. Certificate of Status (Checked)

6. Tax Status (Checked)

7. This corporation has liability for additional fees under Section 607.04, Florida Statutes.

Accepted For

Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, MICHAEL J.
740 WILKINSON
ORLANDO FL 32803**

B1. Name

B2. Mailed Address

B3. State Agent No.

B4. State Agent City

FL

B5. State Agent Zip

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as the registered agent for the corporation named herein.

12. Name and Address of Current Registered Agent

**D
NELSON, MICHAEL J.
740 WILKINSON
ORLANDO FL**

13. Name and Address of New Registered Agent

SIGNATURE:

Michael J. Nelson
SIGNATURE AND TYPE IN FULL PRINT OF THE REGISTERED AGENT OR OFFICER

5-15-95 407-628-8156

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

APPROVED AND FILED

MAY 12 1995

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J71578 (5)**
1. Corporation Name:
DOC'S TRUCK RENTAL, INC.

Principal Place of Business: **% INA YELNER 5974 SW 40TH AVENUE FT LAUDERDALE FL 33314**

Mailing Address: **% INA YELNER 5974 SW 40TH AVENUE FT LAUDERDALE FL 33314**

3. Date Incorporated or Qualified: **05/06/1987**

3a. Date of Last Report: **04/20/1994**

4. FFI Number: **59-2815163**

5. Certificate of State Dues: **\$8.75 Additional Fee Required**

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

8. This corporation has liability or contingent liability for the year: **Yes** **No**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State: **27**

23. City: **28**

24. Zip: **29**

30. County: **30**

9. Name and Address of Current Registered Agent:
**YELNER, INA
3991 STIRLING RD
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent:

81. Name:

82. Street Address (do not include Post Office Box):

83. City:

84. State: **FL**

85. Zip:

11. This report is the property of the Department of State. It shall be returned to the Department of State upon request of the Department of State. The Department of State is not responsible for the accuracy of the information provided in this report. Changes to the information provided in this report should be filed with the Department of State. This report is not valid unless it is filed with the Department of State.

SIGNATURE: _____

12. OFFICER NAME AND TITLE	13. ADDRESS AND PHONE NUMBER	14. SIGNATURE	15. DATE
D YELNER, INA 3991 STIRLING RD FT LAUDERDALE FL			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			
NAME			
ADDRESS			
PHONE			

14. This report is not valid unless it is filed with the Department of State. It shall be returned to the Department of State upon request of the Department of State. The Department of State is not responsible for the accuracy of the information provided in this report. Changes to the information provided in this report should be filed with the Department of State. This report is not valid unless it is filed with the Department of State.

SIGNATURE: **INA YELNER** **5/15/95 305 961 9730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
AND
FILED

65 MAY 12 10:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **J74176** (5)

1. Corporation Name
MALCO ENTERPRISES, INC.

Principal Place of Business: **% MALCOLM COHEN
1776 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

Mailing Address: **% MALCOLM COHEN
1776 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Completed 05/18/1987	3a. Date of Last Report 04/27/1994
4. FFI Number 65-0002407	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Target Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 215.01(1)(c) Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COHEN, MALCOLM 1776 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304	B1. Name
	B2. Street Address (Not Box or P.O. Box) (Not Applicable)
	B3.
	B4. City
	FL B5. State

11. I, the undersigned, the president of this corporation, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same was authorized by the corporation's board of directors or other duly authorized officer or officers of the corporation. My signature is a true and correct copy of the original as filed with the Department of State.

SIGNATURE

12. NAME D COHEN, MALCOLM 1776 E. SUNRISE BLVD. FT. LAUDERDALE FL VS COHEN, MICHAEL 1776 E. SUNRISE BLVD FT. LAUDERDALE FL	13. APPROVED BY MANAGER, SECRETARY, TREASURER, OR OFFICER
NAME	1. NAME
ADDRESS	2. ADDRESS
NAME	3. NAME
ADDRESS	4. ADDRESS
NAME	5. NAME
ADDRESS	6. ADDRESS
NAME	7. NAME
ADDRESS	8. ADDRESS
NAME	9. NAME
ADDRESS	10. ADDRESS
NAME	11. NAME
ADDRESS	12. ADDRESS
NAME	13. NAME
ADDRESS	14. ADDRESS
NAME	15. NAME
ADDRESS	16. ADDRESS
NAME	17. NAME
ADDRESS	18. ADDRESS
NAME	19. NAME
ADDRESS	20. ADDRESS
NAME	21. NAME
ADDRESS	22. ADDRESS
NAME	23. NAME
ADDRESS	24. ADDRESS
NAME	25. NAME
ADDRESS	26. ADDRESS
NAME	27. NAME
ADDRESS	28. ADDRESS
NAME	29. NAME
ADDRESS	30. ADDRESS
NAME	31. NAME
ADDRESS	32. ADDRESS
NAME	33. NAME
ADDRESS	34. ADDRESS
NAME	35. NAME
ADDRESS	36. ADDRESS
NAME	37. NAME
ADDRESS	38. ADDRESS
NAME	39. NAME
ADDRESS	40. ADDRESS
NAME	41. NAME
ADDRESS	42. ADDRESS
NAME	43. NAME
ADDRESS	44. ADDRESS
NAME	45. NAME
ADDRESS	46. ADDRESS
NAME	47. NAME
ADDRESS	48. ADDRESS
NAME	49. NAME
ADDRESS	50. ADDRESS
NAME	51. NAME
ADDRESS	52. ADDRESS
NAME	53. NAME
ADDRESS	54. ADDRESS
NAME	55. NAME
ADDRESS	56. ADDRESS
NAME	57. NAME
ADDRESS	58. ADDRESS
NAME	59. NAME
ADDRESS	60. ADDRESS
NAME	61. NAME
ADDRESS	62. ADDRESS
NAME	63. NAME
ADDRESS	64. ADDRESS
NAME	65. NAME
ADDRESS	66. ADDRESS
NAME	67. NAME
ADDRESS	68. ADDRESS
NAME	69. NAME
ADDRESS	70. ADDRESS
NAME	71. NAME
ADDRESS	72. ADDRESS
NAME	73. NAME
ADDRESS	74. ADDRESS
NAME	75. NAME
ADDRESS	76. ADDRESS
NAME	77. NAME
ADDRESS	78. ADDRESS
NAME	79. NAME
ADDRESS	80. ADDRESS
NAME	81. NAME
ADDRESS	82. ADDRESS
NAME	83. NAME
ADDRESS	84. ADDRESS
NAME	85. NAME
ADDRESS	86. ADDRESS
NAME	87. NAME
ADDRESS	88. ADDRESS
NAME	89. NAME
ADDRESS	90. ADDRESS
NAME	91. NAME
ADDRESS	92. ADDRESS
NAME	93. NAME
ADDRESS	94. ADDRESS
NAME	95. NAME
ADDRESS	96. ADDRESS
NAME	97. NAME
ADDRESS	98. ADDRESS
NAME	99. NAME
ADDRESS	100. ADDRESS

14. I, the undersigned, hereby certify that the information furnished with this report is true and correct to the best of my knowledge and belief, and that the same was authorized by the corporation's board of directors or other duly authorized officer or officers of the corporation. My signature is a true and correct copy of the original as filed with the Department of State.

SIGNATURE:

Mitchell Cohen

MITCHELL COHEN

5/16/95 (305) 763-1776

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

APPROVED
AND
FILED

MAY 12 1995 10:15

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # **J74177** (3)
Corporate Name
MARINE REALTY INVESTMENTS, INC.

Principal Place of Business: **% MALCOLM COHEN
1776 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**
Mailing Address: **% MALCOLM COHEN
1776 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 05/18/1987	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0002494	Adjust Fee Not Applicable
5. Certificate of Status Desired	<input checked="" 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 additional tax under 116(b)(1)(C) Federal estimate	<input checked="" type="checkbox"/> <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent
**COHEN, MALCOLM
1776 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (City, State, Zip) (Not Applicable)
83
84 City
85 State **FL**

11. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct statement of the information required by law to be furnished to the Department of State for the purpose of filing this report. I am a resident of the State of Florida and I am the duly authorized officer of the corporation named herein.

12. Name of Shareholder	13. Address of Shareholder	14. Percentage of Shares Owned
D COHEN, MALCOLM 1776 E. SUNRISE BLVD. FT. LAUDERDALE FL VS COHEN, MITCHELL 1776 E. SUNRISE BLVD FT. LAUDERDALE FL		
V COHEN, ANDREW 1776 east sunrise blvd FT LAUDERDALE, FL 33304		

14. I, the undersigned, certify that the information supplied with this report was furnished to me by the corporation's officers, directors, and shareholders, and that the information is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and I am the duly authorized officer of the corporation named herein.

SIGNATURE: *Mitchell Cohen* MITCHELL COHEN 5/16/95 (305) 763-1776
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

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

APPROVED AND FILED

MAY 19 AM 10:15

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # J75127 (7)

1. Corporation Name C. J. TRAWLERS, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Office in Florida: P.O. BOX 4048 KEY WEST FL 33041 US
Mailing Address: P.O. BOX 4048 KEY WEST FL 33041 US

DELIVERED AGAIN BY THE MAIL

2. Principal Office in Florida: 2a. Mailing Address
21. State Agent: 26. State Agent
22. 27.
23. 28.
24. 25. 29. 30.

3. Date of Incorporation in Florida: 05/28/1987
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2820701

5. Certificate of Status (Check): \$8.75 Additional Fee Required

6. The total amount of Federal and State taxes paid: \$5.00 May Be Added to Fees

8. The responsible corporation for management of the corporation: (Yes/No)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STROTHENKE, JOHN A
OLD SHRIMP RD.
STOCK ISLAND, KEY WEST FL 33040

81. Name
82. Street Address of the New Registered Agent
83.
84.
FL 85. State

11. The agent's full name, title, address, telephone number, and the date of appointment. The date of appointment is the date of the filing of this statement for the purpose of changing the registered agent. The agent's full name, title, address, telephone number, and the date of appointment is the date of the filing of this statement for the purpose of changing the registered agent. The agent's full name, title, address, telephone number, and the date of appointment is the date of the filing of this statement for the purpose of changing the registered agent.

SIGNATURE

12. Name and Address of Registered Agent: STROTHENKE, JOHN A. P.O. BOX 4048 N/A KEY WEST FL 33041

13. Name and Address of New Registered Agent: (Empty fields)

14. I hereby certify that the information reported in this report is true and correct, and that I am qualified to be the responsible corporation for management of the corporation. I understand that the information reported in this report is subject to audit by the Department of State. I understand that the information reported in this report is subject to audit by the Department of State. I understand that the information reported in this report is subject to audit by the Department of State.

SIGNATURE: John A. Strothenke JOHN A. STROTHENKE 5-15-95 745-4698

