

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

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # J74235 (9)</b>		
1. Corporation Name <b>FLORIDA PREFERRED PROPERTIES, INC.</b>		

APPROVED  
AND  
FILED

May 23, 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE			
5807 N. 56TH STREET TAMPA FL 33617 US		5807 N. 56TH STREET TAMPA FL 33617 US					
2. Primary Place of Business <b>5103 Five acre rd.</b>		28 Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>05/21/1987</b>			
Suite Apt. # etc <b>22</b>		Suite Apt. # etc <b>27</b>		38. Date of Last Report <b>09/15/1994</b>			
City & State <b>Plant City, Fla</b>		City & State <b>28</b>		4. FEI Number <b>59-2825963</b>			
Zip <b>33565</b>	County <b>Hillsborough</b>	Zip <b>29</b>	County <b>30</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EAKER, H. LEE      5103 Five acre Rd. 812 N. BANNOCKBURN      Plant City, Florida TEMPLE TERRACE FL 33617      33565</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	85 Zip Code	<b>FL</b>	

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(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. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibilities of Section 607.09(2), Florida Statutes.

SIGNATURE:

(Please print your name in capital letters and the date in the space below)

(If no changes are made, check here)

143

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER/DIRECTOR	STREET ADDRESS	14. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. VPO NAME: STREET ADDRESS: CITY, ST, ZIP:	<b>EAKER, PAULA 812 BANNOCKBURN AVE. TEMPLE TERRACE FL</b>	1. NAME 1. STREET ADDRESS 1. CITY, ST, ZIP		
2. STD NAME: STREET ADDRESS: CITY, ST, ZIP:	<b>EAKER, SHIRLEY 812 BANNOCKBURN AVE. TEMPLE TERRACE FL</b>	2. NAME 2. STREET ADDRESS 2. CITY, ST, ZIP		
3. PD NAME: STREET ADDRESS: CITY, ST, ZIP:	<b>EAKER, H. LEE 812 BANNOCKBURN AVE. TEMPLE TERRACE FL</b>	3. NAME 3. STREET ADDRESS 3. CITY, ST, ZIP		
4. O.D. NAME: STREET ADDRESS: CITY, ST, ZIP:		4. NAME 4. STREET ADDRESS 4. CITY, ST, ZIP		
5. O.D. NAME: STREET ADDRESS: CITY, ST, ZIP:		5. NAME 5. STREET ADDRESS 5. CITY, ST, ZIP		
6. O.D. NAME: STREET ADDRESS: CITY, ST, ZIP:		6. NAME 6. STREET ADDRESS 6. CITY, ST, ZIP		

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(8)(e), 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 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 the back cover or attachment with an address.

SIGNATURE: *H. Lee EAKER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/95 813-986-9141  
FAX

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FILED

CORPORATION - ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # J74962 (8)</b>		
1. Corporation Name: <b>JOYCO, INC.</b>		

Printed Name of Business	Mailing Address						
C/O J.H. LONDONO 106 SW 10TH ST. GAINESVILLE FL 32601 US	C/O J. H. LONDONO 106 SW 10TH ST. GAINESVILLE FL 32601						
2. Printed Name of Business	2a. Mailing Address						
21	26						
Suite Apt. # & fl.	Suite Apt. # & fl.						
22	27						
City & State	City & State						
23	28						
24	25	26	27				
Country		Country					
28	29	30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LONDONO, J.H. 106 SW 10TH ST. GAINESVILLE FL 32601</b>				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.10(1) and 607.15(6), 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 607.10(6), Florida Statutes.

**SIGNATURE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Officer	Name	Officer	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.1	P <b>LONDONO, J.H. 106 SW 10TH ST. GAINESVILLE FL</b>	1.1 NAME	
1.1		1.1 STREET ADDRESS	
1.1		1.1 CITY, ST, ZIP	
1.2		1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2		1.2 STREET ADDRESS	
1.2		1.2 CITY, ST, ZIP	
1.3		1.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3		1.3 STREET ADDRESS	
1.3		1.3 CITY, ST, ZIP	
1.4		1.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4		1.4 STREET ADDRESS	
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1.5		1.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.6		1.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.7		1.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.8		1.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.9		1.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.10		1.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.11		1.11 CITY, ST, ZIP	
1.12		1.12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.89		1.89 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.89		1.89 STREET ADDRESS	
1.89		1.89 CITY, ST, ZIP	
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# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # J75533**

**(6)**

1. Corporation Name:

**EMCOR PRODUCTS CORP.**

Principal Place of Business

**6500 POWERLINE ROAD  
FT LAUDERDALE FL 33309**

Mailing Address:

**P.O. BOX 8126  
FORT LAUDERDALE FL 33310-8126**

APPROVED  
AND  
FILED

RECEIVED MAY 10 1995

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/28/1987**      **04/06/1994**

4. FEI Number      Applicable  
**65-0002323**      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

7. This corporation has liability for intangible tax under S. 1977-132  
Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607, 607.001 and 607.150B, 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 607.150B, Florida Statutes.

SIGNATURE

Signature typed, inked, stamped or printed legibly on this line.

IN THE space designated, sign or stamp your name.

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IF ANY	
01-1	PD <b>PAPPALARDO, GERALD P.</b> 116 FIESTA WAY FT. LAUDERDALE FL	1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01-2	SD <b>ANDREWS, JOHN F.</b> 25 WOODCREST DR. BATAVIA NY	2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01-3		3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01-4		4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01-5		5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01-6		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 109.01(j), 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 must 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 compensated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95

RECEIVED MAY 10 1995

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrham  
Secretary of State  
TALLAHASSEE, FLORIDA 32304-0001

APPROVED  
AND  
FILED

JUN 17 1995 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J76881**

(8)

1. Corporation Name:

**CLUB MERIDIAN, INC.**

2. Date of Incorporation:

**2250 S.W. 3 AVE.  
4TH FL  
MIAMI FL 33129**

Mailing Address:

**2250 S.W. 3 AVE.  
4TH FL  
MIAMI FL 33129**

DO NOT WRITE IN THIS SPACE

3. Previous Place of Incorporation:

**21**

Suite Apt # etc:

**22**

CITY, STATE

**23**

24

9. Name and Address of Current Registered Agent:

**TUNKEY, WILLIAM  
2250 S.W. 3RD AVE.  
MIAMI BEACH FL 33129**

2a. Mailing Address:

**26**

Suite Apt # etc:

**27**

CITY & STATE

**28**

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29

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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 607.0806 and 607.1509, 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 requirements of Section 607.0806, Florida Statutes.

SIGNATURE

12. Officers and Directors:

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR INFORMATION

121	OFFICERS AND DIRECTORS	131	1 Change <input type="checkbox"/> Add <input type="checkbox"/>
1211	<b>PS TUNKEY, WILLIAM 2250 SW 3RD AVE. MIAMI FL</b>	1311	
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1214	<b>VPT AMSEL, ROBERT G. 2250 SW 3RD AVE. MIAMI FL</b>	1314	1 Change <input type="checkbox"/> Add <input type="checkbox"/>
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SIGNATURE:

Signature and printed name of signing officer on reverse

5/17/95 3032884550