

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
GAIL B. MARSHALL
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 22 11 10: 15

DOCUMENT # **K23478**

(6)

1. Corporation Name

COMMERCIAL REALTY OF S.W. FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Corporation: 27
2150 GOODLETTE RD STE 700
NAPLES FL 33940
US

Mailing Address: 28
% BRUCE R. FLUEGEMAN
2150 GOODLETTE RD STE 700
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21
2150 GOODLETTE RD STE 700
NAPLES FL 33940
US

3. Mailing Address: 26
% BRUCE R. FLUEGEMAN
2150 GOODLETTE RD STE 700
NAPLES FL 33940
US

4. State: 22
FL

5. City: 23
NAPLES

6. Country: 24
US

7. State: 25
FL

8. City: 26
NAPLES

9. Country: 27
US

3. Date Incorporated or Qualified: 05/06/1988

3a. Date of Last Report: 04/13/1994

4. FEI Number: 65-0046003

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

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

7. This corporation has liability for intangible tax under S. 190.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent: 81
FLUEGEMAN, BRUCE R.
2150 GOODLETTE RD.
STE 700
NAPLES FL 33940

10. Name and Address of New Registered Agent: 82
Name: 83
Street Address (P.O. Box Number is Not Acceptable): 84
City: 85
FL Zip Code: 86

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(5) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as 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 607.02(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)	
1. NAME	DP FLUEGEMAN, R.	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	2755 SW 66 ST.	2. STREET ADDRESS	
3. CITY AND STATE	NAPLES FL	3. CITY AND STATE	
4. NAME	D STONEBURNER, KEVIN	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	2150 GOODLETTE RD.	5. STREET ADDRESS	
6. CITY AND STATE	NAPLES FL	6. CITY AND STATE	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY AND STATE		9. CITY AND STATE	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY AND STATE		12. CITY AND STATE	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY AND STATE		15. CITY AND 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 Sections 190.032, Florida Statutes. I further certify that the information contained in this statement 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 agent or authorized representative to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or in Block 14 of this report.

SIGNATURE: 5-18-95 913-434-7667

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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

55 MAY 23 1995 21

55 MAY 23 1995 21

DOCUMENT # K24853

(9)

1. Corporation Name

CORNERSTONE OF TAMPA CORPORATION

2. Principal Place of Business

4141 MOWREY RD
ZEPHYRHILLS FL 33543
US

3. Mailing Address

P O BOX 1663
BRANDON FL 33509
US

Do not write in this space

3. Date first incorporated or organized 05/26/1988	3a. Date of Last Report 05/01/1994
4. FIC Number 59-2892579	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
7. Does corporation have authority for additional fee waiver? (Yes or No) ☒ No	

2. Principal Place of Business

21. State of Inc.

22. State of Inc.

23. State of Inc.

24. State of Inc.

2a. Mailing Address

26. State of Inc.

27. State of Inc.

28. State of Inc.

29. State of Inc.

30. State of Inc.

9. Name and Address of Current Registered Agent

FIKE, JAMES M., JR.
32532 GREENWOOD LOOP
ZEPHYRHILLS FL 33544

10. Name and Address of New Registered Agent

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

11. I, the undersigned, the president or chief executive officer, or the duly authorized officer of the corporation, hereby certify that the above information is true and correct, and that the corporation is in good standing with the State of Florida. I hereby certify that the corporation is in good standing with the State of Florida. I hereby certify that the corporation is in good standing with the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME VSD FIKE, JAMES M., JR. 32532 GREENWOOD LOOP ZEPHYRHILLS FL PTD	NAME FIKE, JAMES M., JR. 32532 GREENWOOD LOOP ZEPHYRHILLS FL PTD
NAME FIKE, HELEN E. 32532 GREENWOOD LOOP ZEPHYRHILLS FL	NAME FIKE, HELEN E. 32532 GREENWOOD LOOP ZEPHYRHILLS FL
NAME VSD MAYHEW, ROBERT W. 9722 ROAD 92 EAST, L-10 TAMPA FL	NAME MAYHEW, ROBERT W. 9722 ROAD 92 EAST, L-10 TAMPA FL

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 199.03(1)(b) Florida Statutes. I further certify that the information included in the annual report or supplemental annual report 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 president or chief executive officer of the corporation and that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attached document with this address.

SIGNATURE: *Helen E. Fike*
HELEN E. FIKE, PRESIDENT

5/15/95 813(788-9709)

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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Office of the Secretary of State
1000 Capitol Mall, Room 1000
Tallahassee, Florida 32399-0001

DOCUMENT # **K26675**

(4)

1. Corporation Name:

DEM-TASSE, INC.

RECEIVED
MAY 10 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**16450 N.E. 7TH AVE.
MIAMI FL 33162
US**

Mailing Address:

**16450 N.W. 7TH AVE.
MIAMI FL 33162
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation in Corporation:	3a. Date of Last Report:
06/21/1988	07/06/1994
4. FIC Number:	Applied For
65-0120164	Not Applicable
5. Certificate of Status: Listed	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. Trust Fund Contribution	
8. This corporation has liability for damages for certain activities, Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business:	2a. Mailing Address:
16450 N.E. 7TH AVE. MIAMI FL 33162 US	16450 N.W. 7TH AVE. MIAMI FL 33162 US
21. State Apt. # etc.	26. State Apt. # etc.
22	27
22. City & State:	27. City & State:
23	28
24. City & State:	29. City & State:
24	29
25. City & State:	30. City & State:
25	30

9. Name and Address of Current Registered Agent

**SANTIAGO, LEONARDO
16450 NE 7 AVE
MIAMI FL 33175**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0605 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 Chapter 607, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Director)

(Signature of New Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D SANTIAGO, LEONARDO	NAME	☐ Change ☐ Addition
STREET ADDRESS	16450 NE 7 AVE	STREET ADDRESS	
CITY & STATE	MIAMI FL	CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		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 110.07(9)(a), 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 this report or on an attachment with an address.

SIGNATURE:

Leonardo Santiago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO SANTIAGO

5/10/95

805-770-5449
Telephone Number