

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 1 PM 12: 01

DOCUMENT # **K59121** (9)

1. Corporation Name
T & B OF LAKE LAND, INC.

Principal Place of Business Mailing Address
5011 COPPERSTONE CIRCLE MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1989** 3a. Date of Last Report **01/10/1995**
4. FEI Number **50-2883524** 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
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CROSBY, SAMUEL G.
100 E LEMON ST
POB 8140
LAKE LAND FL 33802**

10. Name and Address of New Registered Agent
81 Name **Gail T. Blaese**
82 Street Address (P.O. Box Number is Not Acceptable) **5011 Copperstone Circle**
83
84 City **Mulberry** FL 85 Zip Code **33860**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered officer 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 607.0509, Florida Statutes.

SIGNATURE **Gail T. Blaese** DATE **4-15-95**
(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLAESER, JOHN J.
STREET ADDRESS	5011 COPPERSTONE CIRCLE
CITY - ST - ZIP	MULBERRY FL 33860
TITLE	STD
NAME	BLAESER, GAIL
STREET ADDRESS	5011 COPPERSTONE CIRCLE
CITY - ST - ZIP	MULBERRY FL 33860
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: **Gail Blaese** **Gail Blaese** **4-15-95** **(813) 284-6011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)

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DIVISION OF CORPORATIONS
05/11/95 10:17

DOCUMENT # **K59126 (8)**

1. Corporation Name
MR. SHIPPER U.S.A., INC.

Principal Place of Business

**% EDWARD S. LEVINE
328 MINORCA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**% EDWARD S. LEVINE
328 MINORCA AVENUE
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/18/1989** 3a. Date of Last Report **08/08/1994**

4. FEI Number **65-0096465** 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 190.032, Florida Statutes Yes No

2. Principal Place of Business
21 **5313 NOB Hill RD**

Suite, Apt. #, etc.

22 **SUNRISE FL**

24 **33351** 25 **USA**

2a. Mailing Address
26 **SAME**

Suite, Apt. #, etc.

27 **SAME**

28 **SUNRISE FL**

9. Name and Address of Current Registered Agent

**LEVINE, EDWARD S.
328 MINORCA AVENUE
CORAL GABLES FL 33134**

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 0502 and 607 1508, 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 obligations of, Section 607 0505, Florida Statutes

SIGNATURE

Signatures typed or printed name of registered agent and the filer

(the filer Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PALANGE, ALAN D.
STREET ADDRESS	5313 NOB HILL DRIVE
CITY ST ZIP	SUNRISE FL
TITLE	S
NAME	PALANGE, HELENE
STREET ADDRESS	5313 NOB HILL DRIVE
CITY ST ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PALANGE, ALAN
2.3 STREET ADDRESS	5313 NOB HILL RD
2.4 CITY ST ZIP	SUNRISE, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 Section 110 07(3)(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 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 if changed or attached to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/95 **3057449648**

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DOCUMENT # **K59279** (5)

1. Corporation Name
MAS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
C/O JOHN J. DARON P. O. BOX 2488 PENSACOLA FL 32513-2488 US	C/O JOHN J. DARON P. O. BOX 2488 PENSACOLA FL 32513-2488 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/19/1989	3a. Date of Last Report 06/06/1994
4. FEI Number 59-2924454	Applied For Not Applicable
5. Certificate of Status Desired <input 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 intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DARON, JOHN J.
8800 UNIVERSITY PKWY.
STE. A-1
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607 0502 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DARON, JOHN J.
STREET ADDRESS	8800 UNIVERSITY PKWY., STE. A-1
CITY ST ZIP	PENSACOLA FL
TITLE	ST
NAME	DARON, JOANNE
STREET ADDRESS	8800 UNIVERSITY PKWY., STE. A-1
CITY ST ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 119 07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanne Daron Sec/Treas* 1/31/95 941477-7843