

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72931

(4)

1. Corporation Name
TOD-COR, INC.

Principal Place of Business
**6867 GRANADA
CORAL GABLES FL 33146**

Mailing Address
**6867 GRANADA
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Received 03/15/1989	3a. Date of Last Report 04/21/1994
4. FET Number NOT APPLICABLE	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 is liable for intangible tax under s. 199.03, Florida Statutes. ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent
**WILSON, BRIAN C.
8700 N.W. 77TH COURT
MIAMI FL 33166**

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

11. Pursuant to the provisions of Sections 609.01 and 609.15, 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 obligation of Section 609.03, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12a. NAME	12b. STREET ADDRESS	13a. NAME	13b. STREET ADDRESS
12c. CITY & STATE	12d. ZIP	13c. CITY & STATE	13d. ZIP
12a. NAME	12b. STREET ADDRESS	13a. NAME	13b. STREET ADDRESS
12c. CITY & STATE	12d. ZIP	13c. CITY & STATE	13d. ZIP
12a. NAME	12b. STREET ADDRESS	13a. NAME	13b. STREET ADDRESS
12c. CITY & STATE	12d. ZIP	13c. CITY & STATE	13d. ZIP
12a. NAME	12b. STREET ADDRESS	13a. NAME	13b. STREET ADDRESS
12c. CITY & STATE	12d. ZIP	13c. CITY & STATE	13d. ZIP
12a. NAME	12b. STREET ADDRESS	13a. NAME	13b. STREET ADDRESS
12c. CITY & STATE	12d. ZIP	13c. CITY & STATE	13d. ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 199.03, Florida Statutes. I further certify that the information is filed as the principal report or supplemental annual report as 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 609, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an appointment with an address.

SIGNATURE: *Jane F. Wilson* (Jane F. Wilson) 4/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K74368

(7)

1. Corporation Name
VICEL, INC.

Principal Place of Business
1111 CRANDON BLVD. APT. A1107
KEY BISCAYNE FL 33149

Mailing Address
1111 CRANDON BLVD. APT. A1107
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date the corporation was organized 03/14/1989
3a. Date of Last Report 05/01/1994

4. FET Number 65-0177974
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 was subject to intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. # etc. 26. State, Apt. # etc.

22. City & State 27. City & State

23. Country 28. Country

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBBIN, MURRAY H.
444 BRICKELL AVE #650
MIAMI FL 33131

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 607.05(2) and 607.15(8), 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of the Corporation

Signature of Registered Agent or Secretary of the Corporation

6

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME DUBBIN, MURRAY H.
12.2 STREET ADDRESS 444 BRICKELL AVE #650
12.3 CITY MIAMI FL
12.4 NAME REICHENSTEIN, VICTOR
12.5 STREET ADDRESS 1111 CRANDON BL A1107
12.6 CITY KEY BISCAYNE FL
12.7 NAME
12.8 STREET ADDRESS
12.9 CITY
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY
12.16 NAME
12.17 STREET ADDRESS
12.18 CITY

13.1 12.1 ☐ Change ☐ Addition
13.2 12.2 ☐ Change ☐ Addition
13.3 12.3 ☐ Change ☐ Addition
13.4 12.4 ☐ Change ☐ Addition
13.5 12.5 ☐ Change ☐ Addition
13.6 12.6 ☐ Change ☐ Addition
13.7 12.7 ☐ Change ☐ Addition
13.8 12.8 ☐ Change ☐ Addition
13.9 12.9 ☐ Change ☐ Addition
13.10 12.10 ☐ Change ☐ Addition
13.11 12.11 ☐ Change ☐ Addition
13.12 12.12 ☐ Change ☐ Addition
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13.15 12.15 ☐ Change ☐ Addition
13.16 12.16 ☐ Change ☐ Addition
13.17 12.17 ☐ Change ☐ Addition
13.18 12.18 ☐ Change ☐ Addition
13.19 12.19 ☐ Change ☐ Addition
13.20 12.20 ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in law under 199.032, 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. I am an officer or director of the corporation or the manager or trustee of the corporation and I am submitting 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR REICHENSTEIN

April 28th 202 826 8350

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CORPORATION
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1995



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

APPROVED

DOCUMENT # **K74696**

(1)

1. Corporation Name

JAN'S GRASS & GARDEN MAINTENANCE, INC.

Principal Place of Business

**C/O ALEXANDER G. PADEREWSKI
1834 MAIN STREET
SARASOTA FL 34236**

Mailing Address

**4411 BEE ROAD
SUITE 378
SARASOTA FL 34233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1989

3a. Date of Last Report

11/14/1994

4. FEI Number

59-2942218

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

21

2a. Mailing Address

26

Suite Apt. # etc.

Suite Apt. # etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

**PADEREWSKI, ALEXANDER G.
1834 MAIN STREET
SARASOTA FL 34236**

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 607.0602 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. Thereby, accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0604, Florida Statutes.

SIGNATURE

By the Registered Agent (Signature) (Print Name) (Typed Name)

By the Corporation Agent (Signature) (Print Name) (Typed Name)

AT:

12. OFFICERS AND DIRECTORS

12.1 NAME

**D
CHYLICKI, JAN
2936 E. MARK DR.
SARASOTA FL**

12.2 STREET ADDRESS

12.3 CITY, STATE, ZIP

12.4 CITY, STATE, ZIP

12.5 CITY, STATE, ZIP

12.6 CITY, STATE, ZIP

12.7 CITY, STATE, ZIP

12.8 CITY, STATE, ZIP

12.9 CITY, STATE, ZIP

12.10 CITY, STATE, ZIP

12.11 CITY, STATE, ZIP

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12.30 CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY, STATE, ZIP

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13.30 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 490.02, (b)(6), 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 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 filing or on an attachment with an address.

SIGNATURE:

JAN CHYLICKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-95 813-377-2508

(Date)

(Telephone Number)