

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 1:11:10

DOCUMENT # K78360 (0)
 1. Corporation Name
ESSIAC PRODUCTS SERVICES, INC.

Principal Place of Business Mailing Address
910 SE 5TH TERRACE 910 SE 5TH TERRACE
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/06/1989** 3a. Date of Last Report **07/12/1994**
 4. FEI Number **65-0121769** 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**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
VOORHEIS, V. J.
540 4TH STREET
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

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 for the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Pierre A. Gaulin* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
 TITLE **DP**
 NAME **GAULIN, PIERRE ANDRE**
 STREET ADDRESS **910 SE 5TH TERRACE**
 CITY - ST - ZIP **POMPANO BEACH FL**
 TITLE **D**
 NAME **BLONDIN, GILBERT**
 STREET ADDRESS **390 RIDEAUST, BOX 20111**
 CITY - ST - ZIP **OTTAWA, CANADA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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 110.07(3)(d), 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 on my appointment with an address.

SIGNATURE: *Pierre A. Gaulin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **June 17/95**

CR2E034 (3/95)

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PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K79115 (7)

1. Corporation Name
MD-FLORIDA HUNT CLUB, INC.

Principal Place of Business 2100 HARLOCK RD. MELBOURNE FL 32934-7770 US	Mailing Address 2100 HARLOCK RD. MELBOURNE FL 32834-7770 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 4904 FAUNA DR Suits, Apt. #, etc. 22 MELBOURNE FL City & State 23		2a. Mailing Address 26 4904 FAUNA DR Suits, Apt. #, etc. 27 MELBOURNE FL City & State 28		3. Date Incorporated or Qualified 04/11/1989		3a. Date of Last Report 04/14/1994	
24 32934		25 BREVARD		29 32934		30 BREVARD	
9. Name and Address of Current Registered Agent TIATON, MIKE 3075 HARLOCK RD. MELBOURNE FL 32934				10. Name and Address of New Registered Agent B1 Name JOSEPH HELLEBRAND B2 Street Address (P.O. Box Number is Not Acceptable) 4904 FAUNA DR B3 MELBOURNE FL B4 City FL B5 Zip Code 32934			

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: *Joseph Hellebrand* **JOSEPH HELLEBRAND** DATE: **6-13-95**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :	
TITLE PD	TIPTON, MIKE 3075 HARLOCK RD. MELBOURNE FL	1 1 TITLE PD	KEITH WILLIAMS 116B HAMPSHIRE AVE NE PALM BAY FL 32907
TITLE VD	REYNOLDS, GENE 2600 PINEAPPLE AVE. MELBOURNE FL 32935	2 1 TITLE VD	FRANK PIERCE 4800 SMITHFIELD RD MELBOURNE FL 32934
TITLE STD	CLORE, CHARLES 2100 HARLOCK RD MELBOURNE FL 32934	3 1 TITLE STD	JOSEPH HELLEBRAND 4904 FAUNA DR MELBOURNE FL 32934
TITLE		4 1 TITLE	
TITLE		5 1 TITLE	
TITLE		6 1 TITLE	

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 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 on an attachment with an address.

SIGNATURE: *Joseph Hellebrand* **JOSEPH HELLEBRAND** DATE: **3-15-95** DAYTIME PHONE: **407-259-8904**
(Signature typed or printed name of signing officer or director) (Date) (Daytime Phone #)

CR2E034 (3/95)