

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 AM 11:08

DOCUMENT # K95750

(1)

1. Corporation Name

RJM ADVERTISING, INC.

Principal Place of Business

**C/O RICHARD JOSEPH MERTES
500 N.E. SPANISH RIVER BLVD. S 8
BOCA RATON FL 33431**

Mailing Address

**C/O RICHARD JOSEPH MERTES
500 N.E. SPANISH RIVER BLVD. S 8
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1989

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0157860

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**MERTES, RICHARD JOSEPH
15144 TALL OAK AVE
DELRAY BCH FL 33448**

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 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

(Signature typed or printed name of registered agent and his or her address)

(Signature typed or printed name of registered agent and his or her address)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 119.07(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:

RICHARD JOSEPH MERTES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-31-95 (407) 591-4050

(Print Name)

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K97444** (9)

1. Corporation Name

BADY BROTHERS TILE & MARBLE CO., INC.

Principal Place of Business

% HANI BADI
52 S. WINTER PARK DR. P.O. BOX 181171
CASSELBERRY FL 32707

Mailing Address

% HANI BADI
52 S. WINTER PARK DR. P.O. BOX 181171
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2969760	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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BADI, HANI
52 S. WINTER PARK DR.
CASSELBERRY FL 32707

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 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

(Signature, last name (or first name if registered agent and the corporation)

(NOTE: Registered Agent, separate registered office installing)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P	1.1 TITLE	☐ Change ☐ Addition
NAME	BADI, HANI	1.2 NAME	
STREET ADDRESS	52 S. WINTER PARK DR.	1.3 STREET ADDRESS	
CITY, ST, ZIP	CASSELBERRY FL	1.4 CITY, ST, ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BASSAM BADI,	2.2 NAME	
STREET ADDRESS	50 S. WINTER PARK DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	CASSELBERRY FL 32707	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	ROWAIDA BADI,	3.2 NAME	
STREET ADDRESS	52 S. WINTER PARK DR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	CASSELBERRY FL 32707	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	CHAD, BADI,
STREET ADDRESS		4.3 STREET ADDRESS	52 S WINTER PARK DR.
CITY, ST, ZIP		4.4 CITY, ST, ZIP	CASSELBERRY, FL 32707
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(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 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rowaida Badi Secretary 5/12/95 407695-7333

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CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K97754 (1) 1. Corporation Name REAL-COMP SERVICES, INC.					
Principal Place of Business P. O. BOX 842 ZEPHYRHILLS FL 33539 US			Mailing Address P. O. BOX 842 ZEPHYRHILLS FL 33539 US		
			DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/23/1989	3a. Date of Last Report 02/17/1994
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-5001559	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CROSS, STEPHEN 5122 E. FOWLER AVE. TAMPA FL 33618				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 34140 Hwy 54 W 83 84 City Zephyrhills FL 85 Zip Code 33543	
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 <i>Stephen Cross</i> (Signature, name and address of registered agent and title if applicable)		<i>Stephen Cross</i> (NOTE: Registered Agent signature required when resigning)		DATE 5/15/95	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CROSS, STEPHEN 5122 E. FOWLER AVENUE TAMPA FL		1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	Director 34140 Hwy 54 W Zephyrhills, FL 33543	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ 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 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: <i>Stephen Cross</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stephen Cross			DATE 5/15/95 813-73-6087 (Date) (Filing Number)		

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**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRET
STATE

DOCUMENT # K98308 (5)

1. Corporation Name

KIDS R TOPS, INC.

Principal Place of Business

**% VICTORIA G. BROWN
215 N KINGSWAY RD
BRANDON FL 33510-4803**

Mailing Address

**% VICTORIA G. BROWN
215 N KINGSWAY RD
BRANDON FL 33510-4803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1989

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 215 N. KINGSWAY Rd

2a. Mailing Address

26 Same

4. FEI Number

59-0145712

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Brandon FL

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 33510

Country

25 Hillsborough

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BROWN, VICTORIA G.
215 N KINGSWAY RD
BRANDON FL 33511**

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BROWN, VICTORIA G.
STREET ADDRESS	215 N KINGSWAY
CITY - ST - ZIP	BRANDON FL
TITLE	D
NAME	SWENSON, CONSTANCE B.
STREET ADDRESS	4301 DIMARCO RD
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	

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SIGNATURE:

Victoria G. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-95
Date

654-2868
Corporate Phone #