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 10: 37

DOCUMENT # **L08756** **(3)**

1. Corporation Name
HELENE FRIEDBERG, M.D., P.A.

Principal Place of Business	Mailing Address
6405 NORTH FRIDERAL HWY **SUITE 200** **FT. LAUDERDALE FL 33308**	**% GRUBER AND ASSOCIATES P.A.** **1650 SOUTHEAST 17TH ST. STE.301** **FT. LAUDERDALE FL 33316** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/10/1989**	3a. Date of Last Report: **08/22/1994**
4. FEI Number: **65-0131242**	☐ 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 § 199.032, Florida Statutes* ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

HELENE FRIEDBERG
633 NE 9TH AVE
SUITE 5
FT. LAUDERDALE FL 33316

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	FRIEDBERG, HELENE	12 NAME	
03 STREET ADDRESS	633 NE 9TH AVE	13 STREET ADDRESS	
04 CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY ST ZIP		24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		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)(i), 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: [signature] 5/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220484 CP

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DIVISION OF CORPORATIONS

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DOCUMENT # **L09748** **(9)**

1. Corporation Name
AMSTEL GOLD JEWELERS, INC.

Principal Place of Business	Mailing Address
1705 JAMES L. REDMAN PKWY PLANT CITY FL 33566	1705 JAMES L. REDMAN PKWY PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/17/1989**
3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business	2a. Mailing Address
21 4504 N. KEENE RD.	26 4504 N. KEENE RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANT CITY, FL.	28 City & State: PLANT CITY, FL.
24 Zip: 33565 25 Country	29 Zip: 33565 30 Country

4. FEI Number: **59-2964280** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, DELMER L. 1705 JAMES L. REDMAN PKWY PLANT CITY FL 33566	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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, DELMER L.	12 NAME	
STREET ADDRESS	1705 JAMES L. REDMAN PKW	13 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, RUSSELL LEE	22 NAME	
STREET ADDRESS	1705 JAMES L. REDMAN PKW	23 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WALTERS, SELENA KIM B.	32 NAME	
STREET ADDRESS	1705 JAMES L. REDMAN PKW	33 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, JENNIFER W. B.	42 NAME	
STREET ADDRESS	1705 JAMES L. REDMAN PKW	43 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MORES, JULIE BELLE B.	52 NAME	
STREET ADDRESS	1705 JAMES L. REDMAN PKW	53 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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: _____ DELMER L. BROWN 3-1-95 (813) 752-1395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441466 FP

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CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # **L11052** **(2)**

1. Corporation Name
ACE COMMERCIAL BROKERS, INC.

Principal Place of Business	Mailing Address
3573 ARNOLD AVENUE NAPLES FL 33942 US	PO BOX 7872 NAPLES FL 33941-7872 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/21/1969**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business	2a. Mailing Address
21 26274 OLD US 41	26 26274 OLD US 41
22 Suite, Apt. #, etc. SUITE A	27 Suite, Apt. #, etc. SUITE A
23 City & State BONITA SPRINGS, FL	28 City & State BONITA SPRINGS FL
24 Zip 33923 25 County LEE	29 Zip 33923 30 County LEE

4. FEI Number: **65-0178367** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOOLE, DARREN J **11140 ORANGEWOOD DR** **BONITA SPRINGS FL 33923**	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 Section 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☐ Change ☐ Addition
NAME	BOOLE, DARREN J	12 NAME	
STREET ADDRESS	24070 OLD 41 RD	13 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	
TITLE	VDS	21 TITLE	☐ Change ☐ Addition
NAME	BOOLE, TINA S	22 NAME	
STREET ADDRESS	11140 ORANGEWOOD DR	23 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Darren J. Boole 5/30/95 941 498 9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

044A00 FP