

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 14 AM 10:01

DOCUMENT # L26088

(9)

1. Corporation Name

DINETTES ETC. INC.

Principal Place of Business

Mailing Address

MATZ MORRIS
8231 S. DIXIE HWY.
MIAMI FL 33143

MATZ MORRIS
8231 S. DIXIE HWY.
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0166866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Franchise, Partnership, and
Trust Fund Contributor

☐

\$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 Suite, Apt. #, etc

26 Suite, 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

10. Name and Address of New Registered Agent

MATZ, EVAN S.
10301 S W 122ND ST
MIAMI FL 33176

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 607.0102 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 the applicant.

Signature. Registered Agent's signature required when installing.

12. OFFICERS AND DIRECTORS

13. ALTERNATE REGISTERED AGENTS (If any, include name, address, and P.O. Box)

TITLE PD
NAME MATZ, MORRIS
STREET ADDRESS 8340 SW 81 LANE
CITY, ST, ZIP MIAMI FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE SD
NAME MATZ, PEARL
STREET ADDRESS 8340 SW 81 LANE
CITY, ST, ZIP MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(b), 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 13 or Block 13 if changed, or on an alternate with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORRIS MATZ

Date

6/6/95
305-669-0433

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L26877

(5)

1. Corporation Name

PUTZ CORPORATION

Principal Place of Business

14635 SW 60 TER
MIAMI FL 33183
US

Mailing Address

% MANNY ALTNEU
14635 SW 60 TERR
MIAMI FL 33183
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1989

3a. Date of Last Report

02/02/1994

4. FEI Number

65-0158101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Elect to Engage in Foreign

Trade and Commerce

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for enterprise 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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

STERN, RONALD K., CPA
9300 S DADELAND BLVD
SUITE 209
MIAMI FL 33156

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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 that of corporation)

(If/When Registered Agent's Signature Required after Remittance)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

ALTNEU, EMANEUL

14635 SW 60 TERR

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

ALTNEU, JANICE

14635 SW 60 TERR

MIAMI FL

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.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

☐ 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 110.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)

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

**CORPORATION
ANNUAL REPORT
1995**

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



**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L27308 (0)

1. Corporation Name
TDF PREMIUM FINANCE COMPANY, INC.

Principal Place of Business
**3469 W. BOYNTON BEACH BLVD.
SUITE 6
BOYNTON BEACH FL 33426**

Mailing Address
**3469 W. BOYNTON BEACH BLVD.
SUITE 6
BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1989

3a. Date of Last Report
05/25/1994

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

County
25

Zip
29

County
30

4. FEI Number
65-0157534

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

**SCHONE, LARRY
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	USHER, RUTH	1.2 NAME	
STREET ADDRESS	14125-30TH AVE., SOUTH SURRY	1.3 STREET ADDRESS	
CITY, ST, ZIP	BRITISH COLUMBIA CAN. V4P2J4	1.4 CITY, ST, ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	USHER, THOMAS C.	2.2 NAME	
STREET ADDRESS	14125-30TH AVE., SOUTH SURRY	2.3 STREET ADDRESS	
CITY, ST, ZIP	BRITISH COLUMBIA CAN. V4P2J4	2.4 CITY, ST, ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	USHEP, GEORGE	3.2 NAME	
STREET ADDRESS	421 COMSTOCK RD., SCARBOBOUGH ONTARIO	3.3 STREET ADDRESS	
CITY, ST, ZIP	CANADA M1L 2H5	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, NATU	4.2 NAME	
STREET ADDRESS	1401 NEPTUNE DR.	4.3 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BEACH FL 33426	4.4 CITY, ST, ZIP	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Natu Patel* **NATU PATEL** 6/12/95 407-778-6972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR