

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

**APPROVED AND FILED**  
 95 MAY 19 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morfitt  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **L45381** (5)  
 1. Corps Name (Name)  
**PREMIERE CARPENTRY SERVICE, INC.**

Principal Office Address: **533 TIFFANY LANE SANFORD FL 32773**  
 Mailing Address: **533 TIFFANY LANE SANFORD FL 32773**

2. Principal Office Phone: **21**  
 2a. Mailing Address: **26**  
 22. Subj. App. # of: **27**  
 23. Subj. App. # of: **28**  
 24. Subj. App. # of: **29**  
 25. Subj. App. # of: **30**

3. Date of Incorporation (or Reinstatement): **01/22/1990**  
 3a. Date of Last Report: **08/19/1994**  
 4. FEI Number: **59-2995058**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Contribution:  **\$5.00 May Be Added to Fees**  
 7. Does corporation have liability for intangible tax under Fla. Stat. s. 218.03?  Yes  No

9. Name and Address of Current Registered Agent  
**MIXON, WILLIAM C.  
 533 TIFFANY LANE  
 SANFORD FL 32773**

10. Name and Address of New Registered Agent  
 B1 Name:  
 B2 Street Address, Apt. #, Box, Apartment, or PO Box:  
 B3 City:  
 B4 State: **FL** B5 Zip Code:  
 11. Signature of the person named in the new Florida Statutes... **5/15/95**

12. OFFICERS AND DIRECTORS  
 D  
**MIXON, WILLIAM C.  
 533 TIFFANY LANE  
 SANFORD FL**  
~~D  
 WILCOX, JOHN A.  
 533 TIFFANY LANE  
 SANFORD FL~~ **NO Longer Employed here**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS  
 Change  Addition  
**D  
 Tammy Mixon  
 533 TIFFANY LANE  
 Sanford, FL 32773**

14. Signature of the person named in the new Florida Statutes... **SIGNATURE: Tammy Mixon**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**5/15/95**

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1995



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

APPROVED  
FILED

5 MAY 15 1995  
CORPORATION

DOCUMENT # **L45896** (2)  
1. Corporation Name:  
**F. T. EVERETT ENTERPRISE, INC.**

Principal Place of Business: **C/O FRANKIE T. EVERETT  
4974 ESPLANADE ST.  
BONITA SPRINGS FL 33923-3919**

Mailng Address: **C/O FRANKIE T. EVERETT  
4974 ESPLANADE ST.  
BONITA SPRINGS FL 33923-3919**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22  
27  
23  
28  
24  
25  
29  
30

3. Date Incorporation Established: **01/23/1990** 3a. Date of Last Report: **05/01/1994**  
4. FIC Number: **65-0165261** Applied For:  Not Applied For:   
5. Certificate of State Taxed:  **\$8.75 Additional Fee Required**  
6. Election Campaign Expenses and Trade Fund Contributions:  **\$5.00 May Be Added to Fees**  
8. This corporation is eligible for election by certificate of incorporation:  **1/14**

9. Name and Address of Current Registered Agent

**EVERETT, FRANKIE T.  
4974 ESPLANADE ST.  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81. Name: \_\_\_\_\_  
82. Mailing Address: (or Box Number) (or P.O. Box) \_\_\_\_\_  
83. \_\_\_\_\_  
84. \_\_\_\_\_  
85. State: **FL**

11. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his/her knowledge and belief, and that the information is true and correct to the best of his/her knowledge and belief, and that the information is true and correct to the best of his/her knowledge and belief.

12. Name and Address of Officer or Director:

**PC**  
**EVERETT, FRANKIE T.  
4974 ESPLANADE ST.  
BONITA SPRINGS FL**

13. Additional Officers or Directors:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
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NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

14. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his/her knowledge and belief, and that the information is true and correct to the best of his/her knowledge and belief, and that the information is true and correct to the best of his/her knowledge and belief.

SIGNATURE: *Frankie T. Everett*  
FRANKIE T. EVERETT

5/15/95 813 947-1013

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1995



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

DOCUMENT # **L46667** (6)

1. Corporation Name  
**EYES ON THE BAY, P.A.**

APPROVED  
AND  
FILED

MAY 10 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2049 STATE ROAD A-4 BOCA RATON FL 33498**  
Mailing Address: **2049 STATE ROAD A-4 BOCA RATON FL 33498**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/01/1990</b>	3a. Date of Last Report <b>02/22/1994</b>
4. FEI Number <b>65-0178168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. State: <b>FL</b>	2a. Mailing Address 26. State: <b>FL</b>
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>ELLIOT, NEIL G. 20449 STATE RD. 7 A-4 BOCA RATON FL 33498</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	85. Zip Code

11. Pursuant to the provisions of Sections 601.01, 601.02, and 607.01(1)(b), Florida Statutes, this duly organized 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 the laws of the State of Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
01. NAME <b>P ELLIOT, NEIL G.</b>	02. STREET ADDRESS <b>6572 LAS FLORES DR BOCA RATON FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
03. CITY	04. STATE AND ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
05. NAME	06. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
07. CITY	08. STATE AND ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
09. NAME	10. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY	12. STATE AND ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. NAME	14. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. CITY	16. STATE AND ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. NAME	18. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. CITY	20. STATE AND ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the information stated in Section 190.032, Florida Statutes. I further certify that the information indicated on the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of this corporation at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form or as an attachment with an address.

SIGNATURE: *Neil G. Elliot* **NEIL G. ELLIOT** **5/5/95** **(407) 487-2777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



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

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AND  
FILED

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DOCUMENT # **L47425** (8)

1. Corporation Name  
**SECURE LIFE UNDERWRITER'S, INC.**

Principal Place of Business: 11410 SW 88TH ST. SUITE 202 MIAMI FL 33176 US  
Mailing Address: 11410 SW 88TH ST. SUITE 202 MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **01/29/1990**  
3a. Date of Last Report: **06/07/1994**  
4. FEI Number: **65-0250716** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Has the Corporation Ever been a Trust Fund Contributor?  **\$5.00 May Be Added to Fees**  
8. The Corporation has liability for intangible tax under S. 194.02 Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

**SAEZ, PEDRO P  
5200 BLUE LAGOON DR  
SUITE 700  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number if Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ State: **FL** 85 Zip Code: \_\_\_\_\_

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct, and I am the registered agent of the corporation named herein, and I accept the responsibility of being a registered agent of the corporation named herein.

12. (SEE PAGE 12)

NAME	PSD ERNESTO, APOSTOLO
STREET ADDRESS	11410 SW 88TH ST., SUITE 202
CITY	MIAMI FL
NAME	TD RUFINO, GARAY
STREET ADDRESS	11410 SW 88TH ST., SUITE 202
CITY	MIAMI FL
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13. (SEE PAGE 13)

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NAME	
STREET ADDRESS	
CITY	

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and I am the registered agent of the corporation named herein, and I accept the responsibility of being a registered agent of the corporation named herein.

SIGNATURE: *Ernesto Apostolo* ERNESTO APOSTOLO 4/3/95 (305) 596-5188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murray  
Secretary of State

APPROVED  
AND  
FILED

MAY 19 AM 10:15

DOCUMENT # **L48400** (0)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GIL U.S.A., INC.

1251 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304  
US

2825 NE 20TH COURT  
FORT LAUDERDALE FL 33305  
US

2	2a	2b	3	3a	3b
21	485 Sunset Drive	485 Sunset Drive	02/08/1990	05/01/1994	
22	Hallandale	Hallandale	59-2990471		Approved Fee Not Applicable
23	FL	FL			\$8.75 Additional Fee Required
24	33309	33309			\$5.00 May Be Added to Fees
25	USA	USA			

TREMBLAY, GUY  
2825 N.E. 20TH COURT  
FT. LAUDERDALE FL 33305

B1	Name	GAGNER GILLES
B2	Current Address	485 Sunset Drive
B3		
B4	City	Hallandale
B5	State	FL
B6	Zip	33309

*Gagner*

May 11<sup>th</sup> 1995

P	GAGNER, GILLES 485 SUNSET DRIVE HALLANDALE FL
S	TREMBLAY, GUY 2825 NE 20TH COURT FORT LAUDERDALE FL

Void

V.P.	NINDA DESMEULEN 485 SUNSET DRIVE HALLANDALE, FL 33309
V.P.	NICOLE LABELLE 485 SUNSET DRIVE HALLANDALE FL 33309

Void

SIGNATURE:

*Guy Tremblay*  
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY OF STATE OR OFFICER

05/15/95 (305) 768-6601