

**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

95 JUN 14 AM 10:08

**DOCUMENT # L73090 (7)**

1. Corporation Name  
**THE HOME OFFICE, INC.**

Principal Place of Business Mailing Address  
**8137 SW 86TH TERR SUITE A-709 MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1990** 3a. Date of Last Report **07/05/1994**

2. Principal Place of Business <b>8137 SW 86TH TERRACE</b>	2a. Mailing Address <b>8137 SW 86TH TERRACE</b>	4. FEI Number <b>65-0193763</b>	Applied For Not Applicable
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State <b>Miami, FL</b>	27. City & State <b>Miami, FL</b>	6. Director Campaign Contribution Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. ZIP <b>33143</b>	28. ZIP <b>33143</b>	8. This CORPORATION has liability for franchise tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CAMBRIDGE, BONNIE 8137 SW 86TH TERR SUITE A-709 MIAMI FL 33143</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
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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: *Bonnie Wayne Cambridge* 6/7/95  
(Signature typed or printed name of registered agent and date of signature) (Typed Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADVERTISERS (Solely for the use of the advertiser)	
TITLE <b>DP</b>	NAME <b>CAMBRIDGE, BONNIE</b>	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8137 SW 86TH TERR</b>	CITY, ST, ZIP <b>MIAMI FL</b>	12. NAME	
TITLE <b>VP</b>	NAME <b>CAMBRIDGE, RONALD</b>	13. STREET ADDRESS	
STREET ADDRESS <b>8137 SW 86TH TERR</b>	CITY, ST, ZIP <b>MIAMI FL</b>	14. CITY, ST, ZIP	
TITLE	NAME	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	22. NAME	
TITLE	NAME	23. STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	24. CITY, ST, ZIP	
TITLE	NAME	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	32. NAME	
TITLE	NAME	33. STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	34. CITY, ST, ZIP	
TITLE	NAME	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	42. NAME	
TITLE	NAME	43. STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	44. CITY, ST, ZIP	
TITLE	NAME	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	52. NAME	
TITLE	NAME	53. STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	54. CITY, ST, ZIP	
TITLE	NAME	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	62. NAME	
TITLE	NAME	63. STREET ADDRESS	
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 1110 07(b)(6), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bonnie Wayne Cambridge* 6/7/95  
(Signature typed or printed name of signing officer or director)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
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**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
05/17/1990

**DOCUMENT # L73580 (7)**

1. Corporation Name  
**ROD'Z BOAT RENTAL, INC.**

Principal Place of Business: **104200 OVERSEAS HWY. KEY LARGO FL 33037**  
Mailing Address: **104200 OVERSEAS HWY. KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/17/1990	03/16/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0253023	Not Applicable
24 Zip		25 County		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for interstate tax under s. 199.052, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROTHBARD, ROBERT</b> <b>104200 OVERSEAS HWY</b> <b>KEY LARGO FL 33037</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHBARD, ROBERT	12 NAME	
STREET ADDRESS	104200 OVERSEAS HWY	13 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, the registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 17 or Block 18 (if changed, on an attached list with an address).

SIGNATURE: Robert Rothbard 06/9/95 4514684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Tax ID #)

CR2E034 (3/95)

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

FILED  
SECRETARY OF STATE  
CORPORATION

**DOCUMENT # L73625 (0)**

1. Corporation Name  
**RICHARD A. STENHOLM CONSTRUCTION, INC.**

Principal Place of Business	Mailing Address
% RICHARD A. STENHOLM 3402 CORONA ST TAMPA FL 33629	% RICHARD A. STENHOLM 3402 CORONA ST TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/14/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3013834</b>	Applied For 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 a 199-032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**STENHOLM, RICHARD A.  
3402 CORONA ST  
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 of applicant)

(DATE) Registered Agent signature required when reappointing

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>STENHOLM, RICHARD A.</b>
STREET ADDRESS	<b>3402 CORONA ST</b>
CITY ST ZIP	<b>TAMPA FL</b>
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Richard A. Stenholm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95 813-837-5627  
(Typed Name)

CR2E034 (3/95)