

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06/11/1995

DOCUMENT # L84219 (9)

1. Corporation Name

YAMAGATA, INC.

Principal Place of Business

C/O WICH, WICH & WICH
2400 EAST COMMERCIAL BLVD. #620 CA. FEDERA
FT. LAUDERDALE FL 33308

Mailing Address

C/O WICH, WICH & WICH
2400 EAST COMMERCIAL BLVD. #620 CA. FEDERA
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

08/11/1994

4. FBI Number

65-0216425

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

WICH, DONALD A. JR.
2400 E. COMMERCIAL BLVD.
#620 CALIFORNIA FEDERAL
FORT LAUDERDALE FL 33308

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
O'HARE, JERRY
2601 NW 4TH ST
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
HOWLETT, MICHAEL
101 N.W. 6TH STREET
FT. LAUDERDALE FL 33311

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

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Philippe Alary

Philippe Alary 8/11/95

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(514) 343-0068

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$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
JAN 15 1996

DOCUMENT # L86154

(6)

1. Corporation Name

H.E.C. OF CLERMONT, INC.

Principal Place of Business

2105 SPRINGS LANDING
LONGWOOD FL 32779

Mailing Address

2105 SPRINGS LANDING
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 608 E. Hwy 50

2a. Mailing Address

26 608 E. Hwy 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CLERMONT FL

City & State

28 CLERMONT FL

Zip

Country

24 34711

25 LAKE

Zip

Country

29 34711

30 LAKE

9. Name and Address of Current Registered Agent

LEIGH, RICHARD A
89 W. PINE ST.
ORLANDO FL 32801

3. Date Incorporated or Qualified

07/05/1990

3a. Date of Last Report

10/12/1994

4. FEI Number

59-3016122

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

RONALD E. GANUS

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

906 DONNELLY ST

83

84 City

EUSTIS

FL

85 Zip Code

32726

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

Ronald E. Ganus

(NOTE: Registered Agent signature required when reappointing)

DATE

6-20-95

12. OFFICERS AND DIRECTORS

TITLE: ~~DP~~
NAME: ROLLS III, G. JOHN
STREET ADDRESS: 2105 SPRINGS LANDING BLVD
CITY - ST - ZIP: LONGWOOD FL 32779
REMOVE

TITLE: ~~DST~~
NAME: SMITH, RAYMOND W
STREET ADDRESS: 2105 SPRINGS LANDING BLVD
CITY - ST - ZIP: LONGWOOD FL 32779
REMOVE

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: ~~DP~~
1.2 NAME: RONALD E. GANUS
1.3 STREET ADDRESS: 906 DONNELLY ST
1.4 CITY - ST - ZIP: EUSTIS FL 32726
REMOVE

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:

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:

Ronald E. Ganus

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Signature / Name)

6-20-95

904-394-1179