

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

DOCUMENT # L86955

(6)

95 JUN 13 AM 10:16

1. Corporation Name

SUNSET PINES CORPORATION II, INC.

Principal Place of Business

1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

Mailing Address

1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1990

3a. Date of Last Report

08/17/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3029326

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

MCKINLEY, MICHAEL R.
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

Wood, G. Stuart

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

2055 Trade Center Way

83

84 City

Naples

FL

85

Zip Code
33942

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

G. Stuart Wood

06/06/95

Signature typed or printed name of registered agent and the 4 applicable

(ACIT) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS
NAME ELDRIDGE, JAMES A.
STREET ADDRESS 3461 BONITA BAY BLVD 108
CITY ST ZIP BONITA SPRINGS FL

TITLE PTD
NAME WOOD, STUART G.
STREET ADDRESS 3461 BONITA BAY BLVD 108
CITY ST ZIP BONITA SPRINGS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

G. Stuart Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/06/95

941-597-7727

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

DOCUMENT # L87130

(5)

1. Corporation Name

H.M.H. CONTROL SYSTEMS, INC.

Principal Place of Business

P O BOX 7232
JUPITER FL 33468

Mailing Address

P O BOX 7232
JUPITER FL 33468

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/16/1990

3a. Date of Last Report
03/17/1994

4. FEI Number

65-0207245

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5601 Corporate Way

26 Suite, Apt. #, etc.

22 Suite 102

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 West Palm Beach FL

28 City & State

24 Zip Country

29 Zip Country

24 33407 25 pp

29 30

9. Name and Address of Current Registered Agent

KRAMER, SCOTT
1155 U.S. HIGHWAY ONE
SUITE 205
JUNO BEACH FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARN, H. MARTIN
STREET ADDRESS	6209 WHITE OAK COURT
CITY - ST - ZIP	JUPITER 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☒ Change ☐ Addition
2. NAME	HARN, H. MARTIN	
3. STREET ADDRESS	5601 CORPORATE WAY, # 102	
4. CITY - ST - ZIP	W. PALM BEACH, FL 33407	☐ Change ☐ Addition
5. TITLE		
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. 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:

H. Martin Harn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95

697-721-1

**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 # L87865

(6)

1. Corporation Name

LETTER EXPRESS INTERNATIONAL, INC.

Principal Place of Business

**7311 NW 12TH ST
SUITE 14E
MIAMI FL 33126**

Mailing Address

**7311 NW 12TH ST
SUITE 14E
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/19/1990

3a. Date of Last Report
12/09/1994

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FEI Number
65-0206582

Applied For
☐ Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24
Zip

25
Country

29
Zip

30
Country

8. The corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MESA, MANUEL A
25 W. FLAGLER ST.
PH
MIAMI FL 33126**

10. Name and Address of New Registered Agent

**81 Name MANUEL A. MESA
82 Street Address (P.O. Box Number is Not Acceptable)
250 Bird Road, Suite 216
83
84 City Coral Gables FL 85 Zip Code 33146**

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

MANUEL A. MESA

6/9/95
DATE

Change of Registered Office or Registered Agent and Fee Application

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

**TITLE PSD
NAME BEHRENS, PEDRO E
STREET ADDRESS 7311 N.W. 12TH ST.
CITY - ST - ZIP MIAMI FL 33126**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ 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 110.07(3)(k), Florida Statutes. I further certify that the information 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 or on an attachment with an address.

SIGNATURE:

PEDRO E. BEHRENS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95 (305) 5915445
Date (Type Name)