

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

APPROVED
AND
FILED

1995 MAY 10 10:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L87320

(2)

1. Corporation Name

STAN RISMAN G.G., INC.

Principal Place of Business

660 9TH ST. N.
STE. #33
NAPLES FL 33940

Mailing Address

660 9TH ST. N.
STE. #33
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1990

3a. Date of Last Report
05/01/1994

2. Principal Officer's Signature

21

2b. Mailing Address

26

4. FEI Number

65-0236088

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. State of Incorporation

23

27. Date of Report

28

6. Election Campaigns Exempted

\$5.00 May Be
Added to Fees

24. City & State

25

28. City & State

29

8. The corporation has liability for intangible tax under 215.001, F.S.
Has it? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

10. Name and Address of New Registered Agent

81. Name

82. Street Address of Current Agent or Last Available

83

84

FL

85

11. I, the undersigned, being a resident qualified person, do hereby certify that the above is a true and correct statement of the corporation's affairs, and I am a director or officer or agent of the corporation, and I am not aware of any untrue statement of the corporation's affairs in this statement or report.

Signature

12. Signature

PD
RISMAN, STANLEY
509 ROMA CT
NAPLES FL

13. Signature

ADDITIONAL SIGNATURES TO BE FILED WITH THIS REPORT

14. Signature

15. Signature

16. Signature

17. Signature

18. Signature

19. Signature

20. Signature

21. Signature

22. Signature

23. Signature

24. Signature

25. Signature

26. Signature

27. Signature

28. Signature

29. Signature

30. Signature

31. Signature

32. Signature

33. Signature

34. Signature

35. Signature

36. Signature

37. Signature

38. Signature

39. Signature

40. Signature

41. Signature

42. Signature

SIGNATURE:

WITNESSED AND VERIFIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16/95

813-2634630

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1995



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

DOCUMENT # **L87699**

(9)

1. Corporation Name:

KNOXVILLE MEDICAL, INC.

Principal Officer or Director

% J. LUIS QUINTANA, ESO.
2333 PONCE DE LEON BLVD., SUITE 1120
CORAL GABLES FL 33134

Managing Agent

% J. LUIS QUINTANA, ESO.
2333 PONCE DE LEON BLVD., SUITE 1120
CORAL GABLES FL 33134

APPROVED
AND
FILED

MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(PRINT OR WRITE IN INK OR SPAC)

3. Date of Incorporation or Reorganization

07/06/1990

3a. Date of Last Report

11/03/1994

4. FET Number

65-0525329

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Total Fund Contributions

☐ **\$5.00 May Be Added to Fees**

8. Does corporation have liability for delinquent tax under 15-129 (a), Florida Statutes? ☐ Yes ☒ No

2. Principal Officer or Director

21

2a. Managing Agent

26

3. City or State

22

3a. City or State

27

4. City or State

23

4a. City or State

28

5. Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINTANA, J. LUIS, ESO.
2333 PONCE DE LEON BLVD.
PH SUITE 1120
CORAL GABLES FL 33134

81. Name

82. Street Address (or P.O. Number or Post Office Box)

83

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE

1-27-95

12. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR AGENTS

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR AGENTS

NAME

PTSD
GIMENEZ, JAVIER O.
2333 PONCE DE LEON BLVD., #1120
CORAL GABLES FL 33134

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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ANNUAL REPORT
1995



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

APPROVED
13

6 MAY 1996 10:15
TELETYPE UNIT
FLORIDA

DOCUMENT # **L88623**

(8)

1. Corporation Name

ASATI MANUFACTURING, INC.

Principal Place of Business

**7525 NW 37TH AVE
MIAMI FL 33147**

Mailing Address

**7525 NW 37TH AVE
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date for Report to be Filed

07/23/1990

3a. Date of Last Report

06/21/1994

4. FID Number

65-0209741

Approved For

First Application

5. Certificate of Status Received

**\$8.75 Additional
Fee Required**

6. Election Campaigns Financing

**\$5.00 May Be
Added to Fees**

8. The corporation has liability for the payment of the fee for the filing of the report to be filed.

2. Principal Place of Business

21. Mailing Address

22. Mailing Address

23. Mailing Address

24. Mailing Address

26. Mailing Address

27. Mailing Address

28. Mailing Address

29. Mailing Address

30. Mailing Address

9. Name and Address of Current Registered Agent

**ESCUDERO, EDUARDO
13230 SW 36TH LN
MIAMI FL 33185**

10. Name and Address of New Registered Agent

81. Name

82. Street Address of New Registered Agent

83. Name

84. Name

FL

85. Name

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the law of this State in respect to the filing of the report to be filed.

Signature of Officer

**D
ESCUDERO, EDUARDO
13230 SW 36TH LN
MIAMI FL
D
MILLAN, CESAR A.
13825 SW 73 TERR
MIAMI FL**

13. Acknowledgment of Filing of Report to be Filed

14. I, the undersigned, being a resident of this State, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the law of this State in respect to the filing of the report to be filed.

14. I, the undersigned, being a resident of this State, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the law of this State in respect to the filing of the report to be filed.

SIGNATURE:

REMARK: AND SIGNATURE OF SIGNING OFFICER OR DIRECTOR

5/15/95 6966772

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMMIE B. HARRIS
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

MAY 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89498

(4)

1. Corporation Name:

HOME AIR SERVICES, INC.

2. Principal Place of Business:

**4457-C PURDY LANE
WEST PALM BEACH FL 33406-563
US**

3. Mailing Address:

**45 CRICKET LANE
MANCHESTER NH 03104-2639
US**

DO NOT WRITE IN THIS SPACE

3. Date of Corporation First Filed: 07/23/1990	3a. Date of Last Report: 05/01/1994
4. FID Number: 65-0209870	Applied For: ☐ Not Applicable: ☐
5. Corporation of State: (Domestic) ☐ \$8.75 Additional Fee Required	
6. Tax Status: (Domestic) ☐ \$5.00 May Be Added to Fees	
8. This corporation has failed to file a report for the year 1994: Domestic: ☐ Foreign: ☒	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUMM, KEITH F.
5700 LAKE WORTH ROAD
SUITE 209 #2
LAKE WORTH FL 33462**

81. Name:	85. State:
82. Street Address:	86. City:
83. City:	87. State:
84. Zip Code:	88. Zip Code:

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the undersigned hereby certifies that the information furnished in this report is true and correct to the best of their knowledge and belief, and that the undersigned is a resident of the State of Florida.

SIGNATURE

12. Name:	DP
13. Name:	FISHBEIN, PAUL B.
14. Name:	45 CRICKET LANE
15. Name:	MANCHESTER NH 03104-2639

16. Name:	
17. Name:	
18. Name:	
19. Name:	
20. Name:	
21. Name:	
22. Name:	
23. Name:	
24. Name:	
25. Name:	
26. Name:	
27. Name:	
28. Name:	
29. Name:	
30. Name:	

14. I hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the undersigned is a resident of the State of Florida.

SIGNATURE: *Paul B. Fishbein* **PAUL B. FISHBEIN, Pres.** **5/13/95** **603-625-6077**

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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
BUREAU OF CONCORDATIONS

APPROVED
AT
FILED

Figure 6

TITLE

DOCUMENT # **L89711** (0)

FLORIDA RECYCLING SYSTEMS, INC.

18433 SE HERITAGE DRIVE
TEQUESTA FL 33469

18433 SE HERITAGE DRIVE
TEQUESTA FL 33469

10:10-11 24-111 14 111, 145, 146

3. Date Incorporated or Qualified	38. Date of Last Report
07/18/1990	04/28/1994

4. File Number	Application Fee
65-0214412	First Application

5. Certificate of Status (owner)	1	\$8.75 Additional Fee Required
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6. Election Campaign Financing	\$5.00 May Be
Trust Fund Contributions	Added to Fees

1. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CRARY III, LAWRENCE E.
555 COLORADO AVE
STUART FL 34994

B1 Notes

82 Street Address: 1100 North Main St., Apt. 101, Dallas, TX 75201

87

1	2
---	---



1

2. 1. 2. 3. 4.

11. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief, and that he is not aware of any information which would indicate that the information furnished is false or misleading.

12. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

12

VD
FOOTE, C. MICHAEL
3734 POMPADOUR DRIVE
PALM CITY FL 34990
PTD
DAY, ROBERT C
18433 SE HERITAGE DRIVE
TEQUESTA FL 33469

SD
DAY, PATRICIA A
18433 SW HERITAGE DRIVE
TEQUESTA FL 33469

[illegible]

$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) \delta(x-a) dx = f(a)$

$$f(x) = \frac{1}{2} \left(\frac{1}{x} + \frac{1}{x^2} \right)$$

1. ADDITIONAL CHARGES TO OFFICER AND DRIVERS:

[Faint, illegible header information]

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx$

[illegible][illegible]
$$\begin{aligned} & \mathbf{v} = \mathbf{v}^{\text{opt}}(\mathbf{I}) \\ & \mathbf{v} = \mathbf{v}^{\text{opt}}(\mathbf{v}^{\text{opt}}(\mathbf{K}^{-1}\mathbf{u})) \\ & \mathbf{v} = \frac{1}{2}(\mathbf{v}_1 + \mathbf{v}_2) \end{aligned}$$

SIGNATURE:

Robert C. Day President

5/10/95

467-373-7138