

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY 02 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95415** (0)

1. Corporation Name
ANVL ENTERPRISES INC.

2. Principal Place of Business
**29175 SE 162 AVE.
HOMESTEAD FL 33033-2204**

2a. Mailing Address
**29175 SE 162 AVE.
HOMESTEAD FL 33033-2204**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 08/23/1990	3a. Date of Last Report 03/14/1994
4. FEI Number 65-0220724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.010 Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State App # 1995	26. State App # 1995
22. City & State	27. City & State
23. Zip	28. Zip
24. City	29. City
25. State	30. State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHASIEPEN, SHERRY 29175 SW 162 AVE. HOMESTEAD FL 33033		81. Name	
		82. Street Address (P.O. Box Number is Not Applicable)	
		83. City	
		84. State	FL
		85. Zip Code	

11. I, the undersigned, as the registered agent for ANVL Enterprises Inc., do hereby certify that the information furnished herein is true and correct and that the appointment of registered agent is in accordance with the provisions of the Florida Statutes.

Signature of Registered Agent: *Sherry Schasiepen*

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS																																																																																										
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14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.010(3)(b) Florida Statutes. I further certify that the obligations indicated on this annual report or supplemental annual report are true and accurate and that my signature shall have the same legal effect as if made in full faith, belief, and in the presence of the corporation or the person or persons empowered to execute this report as required by Chapter 199 Florida Statutes, and that my name appears in the books of this corporation in accordance with its articles.

SIGNATURE: *Sherry Schasiepen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 1995 305-245-4260

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

APPROVED AND FILED

51 MAY 23 11 10 AM '95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathias Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L95574 (4)

ASSAD O. MOJTABAEI, M.D., P.A.

Principal Office Address: 45 NW 8TH ST STE 105 HOMESTEAD FL 33030	Mailing Address: 45 NW 8TH ST STE 105 SUITE 105 HOMESTEAD FL 33030 US
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(Do not write in this space)

3. Date of Incorporation (or latest)	3a. Date of Last Report
08/23/1990	11/14/1994
4. FEI Number 65-0223043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Does corporation have income tax status as defined in Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Office of Business	2a. Mailing Address	22. State App. # of	27. State App. # of	23. City & State	28. City & State	24. State of	25. State of	29. State of	30. State of
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9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent					
MOJTABAEI, S. ASSADOLLAH 12285 S 98 ST. MIAMI FL 33186	<table border="1"> <tr><td>81. Name</td></tr> <tr><td>82. Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83.</td></tr> <tr><td>84. City</td></tr> <tr><td>FL 85. Zip Code</td></tr> </table>	81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	FL 85. Zip Code
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 607.01(2) and 607.15(9), Florida Statutes, the above named corporation ratifies the statement by the corporation's registered office or principal office on 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 not a partner and accept the obligations of Sections 607.01(2) Florida Statutes.

Signature: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)																																																																																																				
<table border="1"> <tr> <td>12.1</td> <td>D</td> <td>MOJTABAEI, ASSAD O., MD 45 NW 8 ST #105 HOMESTEAD FL</td> </tr> <tr> <td>12.2</td> <td></td> <td></td> </tr> <tr> <td>12.3</td> <td></td> <td></td> </tr> <tr> <td>12.4</td> <td></td> <td></td> </tr> <tr> <td>12.5</td> <td></td> <td></td> </tr> <tr> <td>12.6</td> <td></td> <td></td> </tr> <tr> <td>12.7</td> <td></td> <td></td> </tr> <tr> <td>12.8</td> <td></td> <td></td> </tr> <tr> <td>12.9</td> <td></td> <td></td> </tr> <tr> <td>12.10</td> <td></td> <td></td> </tr> <tr> <td>12.11</td> <td></td> <td></td> </tr> <tr> <td>12.12</td> <td></td> <td></td> </tr> <tr> <td>12.13</td> <td></td> <td></td> </tr> <tr> <td>12.14</td> <td></td> <td></td> </tr> <tr> <td>12.15</td> <td></td> <td></td> </tr> <tr> <td>12.16</td> <td></td> <td></td> </tr> <tr> <td>12.17</td> <td></td> <td></td> </tr> <tr> <td>12.18</td> <td></td> <td></td> </tr> <tr> <td>12.19</td> <td></td> <td></td> </tr> <tr> <td>12.20</td> <td></td> <td></td> </tr> </table>	12.1	D	MOJTABAEI, ASSAD O., MD 45 NW 8 ST #105 HOMESTEAD FL	12.2			12.3			12.4			12.5			12.6			12.7			12.8			12.9			12.10			12.11			12.12			12.13			12.14			12.15			12.16			12.17			12.18			12.19			12.20			<table border="1"> <tr> <td>13.1</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.2</td> <td></td> </tr> <tr> <td>13.3</td> <td></td> </tr> <tr> <td>13.4</td> <td></td> </tr> <tr> <td>13.5</td> <td></td> </tr> <tr> <td>13.6</td> <td></td> </tr> <tr> <td>13.7</td> <td></td> </tr> <tr> <td>13.8</td> <td></td> </tr> <tr> <td>13.9</td> <td></td> </tr> <tr> <td>13.10</td> <td></td> </tr> <tr> <td>13.11</td> <td></td> </tr> <tr> <td>13.12</td> <td></td> </tr> <tr> <td>13.13</td> <td></td> </tr> <tr> <td>13.14</td> <td></td> </tr> <tr> <td>13.15</td> <td></td> </tr> <tr> <td>13.16</td> <td></td> </tr> <tr> <td>13.17</td> <td></td> </tr> <tr> <td>13.18</td> <td></td> </tr> <tr> <td>13.19</td> <td></td> </tr> <tr> <td>13.20</td> <td></td> </tr> </table>	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2		13.3		13.4		13.5		13.6		13.7		13.8		13.9		13.10		13.11		13.12		13.13		13.14		13.15		13.16		13.17		13.18		13.19		13.20	
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(2), Florida Statutes. I further certify that the information indicated on the 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. It shall be an offense on the part of the corporation or the officer or director empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Assad Mostabaei* **ASSAD MOSTABAEI** **5/16/95** **(305) 246-0713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED AND FILED

MAY 22 11:10:17

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

DOCUMENT # **L96137 (9)**
 1. Corporation Name
JAMES COFFEY, INC.

Principal Place of Business Mailing Address
~~1605 US HWY #1~~
~~SEARISE BLDG. A-301~~
~~JUPITER FL 33477~~
~~US~~
 P.O. BOX 649
 JUPITER FL 33468-0649
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, Suite Apt # etc. 2a. Mailing Address, Suite Apt # etc.
 21 **1127 SEMINOLE EAST** 26
 22 **#5A** 27
 23 **JUPITER FL** 28
 24 **33477** 25 **U.S.A.** 29 30

3. Date Incorporated or Qualified **08/13/1990** 3a. Date of Last Report **04/26/1994**
 4. FEI Number **65-0218607** 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 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
COFFEY, JAMES
606 PINE GROVE AVE.
JUPITER FL 33456

10. Name and Address of New Registered Agent
 81 Name **JAMES COFFEY**
 82 Street Address (P.O. Box Number is Not Acceptable) **1127 SEMINOLE EAST**
 83 **#5A**
 84 City **JUPITER** FL 85 Zip Code **33477**

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 *James Coffey* **James Coffey** 5/1/95

12. OFFICERS AND DIRECTORS

11	NAME	11 NAME
12	STREET ADDRESS	12 NAME
13	CITY ST ZIP	13 STREET ADDRESS
14		14 CITY ST ZIP
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30		30 CITY ST ZIP

15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	NAME	Change Addition
12	STREET ADDRESS	
13	CITY ST ZIP	
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14. I 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)(b) Florida Statutes. I further certify that the information submitted 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 trustee or transferee empowered to execute the report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 15 of this report, or on an attachment with an address.
 SIGNATURE: *James Coffey* **James Coffey (Printed)** 5/1/95 407-743-6721
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

MAY 22 AM 10:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **L96358** (1)

1. Corporation Name
CONNER PEST CONTROL, INC.

Principal Office of Corporation: **106 NW 94 WAY CORAL SPRINGS FL 33071**
Mailing Address: **106 NW 94 WAY CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Corporation		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt # etc.		26. State Apt # etc.		08/24/1990	05/12/1994
22. City & State		27. City & State		4. FFI Number	Applied For / Not Applicable
23. Zip		28. Zip		65-0219169	
24. Province		29. Province		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for delinquency fees under Florida Statutes	
CONNER, CHARLES S. 106 NW 94 WAY CORAL SPRINGS FL 33071				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CONNER, CHARLES S. 106 NW 94 WAY CORAL SPRINGS FL 33071				B1. Name	
				B2. Street Address, P.O. Box Number is Not Acceptable	
				B3. City	
				B4. State	FL
				B5. Zip Code	

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption applied in Sections 119.01(1)(b) 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 in person with that I am an officer or director of the corporation or the receiver or liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 2 of a changed or on an attachment with an address.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
1. NAME	DP CONNER, CHARLES S. 106 NW 94 WAY CORAL SPRINGS FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	TS CONNER, DARLENE G 106 NW 94TH WAY CORAL SPRINGS FL	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption applied in Sections 119.01(1)(b) 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 in person with that I am an officer or director of the corporation or the receiver or liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 2 of a changed or on an attachment with an address.

SIGNATURE: *Darlene G. Conner* 5/8/95 (301) 345-1271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DARLENE G. CONNER