

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

APPROVED AND FILED

25 MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
SARAH B. MOHRING
TALLAHASSEE, FLORIDA

1995 *5-23-95* *B. 6884- NC*

DOCUMENT # **M03313**

(7)

By Corporation Name

JOHN R. SORKIN, P.A.

DO NOT WRITE IN THIS SPACE

Principal Office of Business 4700 SHERIDAN ST HOLLYWOOD FL 33021	Mailing Address 4700 SHERIDAN ST HOLLYWOOD FL 33021
--	---

3. Filing Date (or Qualifier) 06/01/1994	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2489957	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
8. This Corporation has liability for intangible tax under the laws of Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Business 21	2a. Mailing Address 26
22. State of Office 22	27. State of Mailing Address 27
23. City of Office 23	28. City of Mailing Address 28
24. ZIP Code 25	29. ZIP Code 30

9. Name and Address of Current Registered Agent

**SORKIN, JOHN R.
4700 SHERIDAN ST
HOLLYWOOD FL 33021**

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 607.0207 and 607.1507, 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. Said 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 responsibility for the tax laws of the State of Florida.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME PST SORKIN, JOHN R. 4700 SHERIDAN ST HOLLYWOOD FL		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VD SORKIN, JOHN R. 4700 SHERIDAN ST HOLLYWOOD FL		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		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 stated in Sections 607.0207, 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. I am an officer or director of the corporation on the date my name is entered on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this filing. I do not have an appointment with an address.

SIGNATURE: *John R. Sorkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John R. Sorkin

5/18/95

305-963-6300

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

APPROVED
AND
FILED

MAY 22 11:10:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M15257** (2)

1. Corporation Name:

K. CUNNINGHAM EXTERMINATING, INC.

Principal Place of Business:

3524 SW 12TH PLACE
FT. LAUDERDALE FL 33312

Mailing Address:

3524 SW 12TH PLACE
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1985**
38. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2530102**
Applied For:
Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
Trust Fund Contributions:

9. This corporation has liability for filing fees as provided in Florida Statutes: Yes No

2. Principal Place of Business: 26. Mailing Address:
21. State: Apt # etc: 26. State: Apt # etc:
22. City & State: 27. City & State:
23. City & State: 28. City & State:
24. City & State: 25. City & State: 29. City & State: 30. City & State:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, KEVIN JOHN
3524 SW 12TH PLACE
FT. LAUDERDALE FL 33312**

81. Name:
82. Street Address (P.O. Box Number, Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 605 (0502) and 607 (5008) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 605 (0502) Florida Statutes.

SIGNATURE

Principal Registered Agent (Not for Agent or Director)

Registered Agent (Not for Agent or Director)

AT:

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, KEVIN JOHN	1. NAME	
STREET ADDRESS	3524 SW 12TH PLACE	1. STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	1. CITY, ST, ZIP	
TITLE	ST	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, TAMMY LYN	2. NAME	
STREET ADDRESS	3524 S.W. 12TH PLACE	2. STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and equally for the exemption stated in Sections 110 (3)(b), Florida Statutes. I further certify that this information includes any fees and expenses or supplemental annual report or form and a certificate that my corporate shall have the same legal effect as if made under oath. That I am an officer or director of the corporation at the time of the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2, or Block 12 of this report or on an attachment with an address.

SIGNATURE: *Kevin J. Cunningham*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
KEVIN J. CUNNINGHAM

5-18-95 305-791-9997

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

APPROVED
AND
FILED

JUN 03 1994 17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wesley B. Matlock
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **M16252** (2)

R.J.M. SPECIAL PRODUCTS, INC.

Principal Officer: **% HOWARD W. GORDON
4 ROSEWOOD RD
WHITE PLAINS NY 10605**

Managing Agent: **% HOWARD W. GORDON
4 ROSEWOOD RD.
WHITE PLAINS NY 10605**

DO NOT WRITE IN THIS SPACE

3. Date the Corporate Report Filed: **06/03/1985**
3a. Date of Last Report: **05/13/1994**

4. FEI Number: **59-2544331**
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 ad valorem tax under the Florida Statutes: Yes No

21. Principal Officer of Reporting Corporation: [Blank]
22. State Agent of Reporting Corporation: [Blank]
23. City and State: [Blank]
24. [Blank] 25. [Blank] 29. [Blank] 30. [Blank]

9. Name and Address of Current Registered Agent:
**JOHNSON, MARK D. ESQ.
337 PONCE DE LEON PLACE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent:
81. Name: [Blank]
82. Street Address (if P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] 85. Zip Code: **FL**

11. I, the undersigned, being a resident qualified person, do hereby certify that this is a true and correct copy of the statement for the purpose of changing its registered office as required by law in the State of Florida, and that the same was authorized by the corporation's board of directors, and that I hereby accept the appointment as registered agent.

SIGNATURE: _____

12. ADDITIONAL REGISTERED AGENTS

NAME	D WILLIS, MATTHEW
STREET ADDRESS	4 ROSEWOOD ROAD
CITY AND STATE	WHITE PLAINS NY
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY AND STATE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY AND STATE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY AND STATE	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY AND STATE	[Blank]

13. ADDITIONAL CHANGES TO REGISTERED OFFICE AND OFFICERS

NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	Change <input type="checkbox"/> Add <input type="checkbox"/>
CITY AND STATE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	Change <input type="checkbox"/> Add <input type="checkbox"/>
CITY AND STATE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	Change <input type="checkbox"/> Add <input type="checkbox"/>
STREET ADDRESS	Change <input type="checkbox"/> Add <input type="checkbox"/>
CITY AND STATE	Change <input type="checkbox"/> Add <input type="checkbox"/>

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 137.02(3)(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 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 600, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with my address.

SIGNATURE: *Matthew Willis* *David Willis* *Willis* 5/9/95 9:14 94P-3085

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 22 11:05

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **M16575** (6)

1. Corporation Name
JET-GOM INC.

Principal Place of Business
**% JOAQUIN GOMEZ DE MOLINA
12666 S. W. 95TH CT.
MIAMI FL 33176**

Mailing Address
**% JOAQUIN GOMEZ DE MOLINA
12666 S. W. 95TH CT.
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date first organized or qualified **06/11/1985** 3a. Date of last report **07/06/1994**

4. FIC Number **59-2644397** Acquired For Not Applicable

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

6. Election Campaign Finance or Fund Fund Contributions **\$5.00 May Be Added to Fees**

8. For every corporation, necessary for incorporation, not necessary for Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State Apt. # etc.

26 State Apt. # etc.

22 City & State

27 City & State

23 St.

28 St.

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOMEZ DE MOLINA, JOAQUIN
12666 S. W. 95TH CT.
MIAMI FL 33176**

B1 Name

B2 Street Address (if FIC File Number is Not Applicable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.14(1) 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 this appointment as registered agent in accordance with and subject to the provisions of Sections 607.04(1) Florida Statutes.

SIGNATURE

Signature of the person filing this report (see Section 607.04(1) Florida Statutes)

Signature of the person registered as agent (see Section 607.14(1) Florida Statutes)

A

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

14 NAME
STREET ADDRESS
CITY, ST. ZIP

**PD
GOMEZ DE MOLINA, JOAQUIN
12666 S. W. 95TH CT.
MIAMI FL**

15 NAME
STREET ADDRESS
CITY, ST. ZIP

Change Address

16 NAME
STREET ADDRESS
CITY, ST. ZIP

17 NAME
STREET ADDRESS
CITY, ST. ZIP

Change Address

18 NAME
STREET ADDRESS
CITY, ST. ZIP

19 NAME
STREET ADDRESS
CITY, ST. ZIP

Change Address

20 NAME
STREET ADDRESS
CITY, ST. ZIP

21 NAME
STREET ADDRESS
CITY, ST. ZIP

Change Address

22 NAME
STREET ADDRESS
CITY, ST. ZIP

23 NAME
STREET ADDRESS
CITY, ST. ZIP

Change Address

24 NAME
STREET ADDRESS
CITY, ST. ZIP

25 NAME
STREET ADDRESS
CITY, ST. ZIP

Change Address

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.04(1) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, true and accurate and that the signature shall have the same legal effect as if it were made with that person's office or director of this corporation in the presence of another person empowered to execute this report as required by Chapter 407 Florida Statutes, and that my name appears on Block 12, Block 13 or Block 14 of this report, or on an attachment with an address.

SIGNATURE: *J. Gomez de Molina*, **PROSIDENT**
SIGNATURE AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOAQUIN GOMEZ DE MOLINA

5/17/95 292 0313

305

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
(AND)
FILED

DOCUMENT # **M16723** (2)

LARODI LEASING, INC.

MAY 22 11:10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: P O BOX 1209 KEY WEST FL 33041
Mailing Address: P O BOX 1209 KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

3. Date of Certificate Issued 06/10/1985	3a. Date of Last Report 04/25/1994
4. FIC Number 59-0589435	Amount Due Total Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Finance as a Trial Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for state public law under 22, 23, 24, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Telephone	2a. Mailing Address P. O. Box 1209
21. State App # 000	26. State App # 000
22. City, State	27. City, State
23. City, State	28. Key West, FL 33041
24. City, State	29. 33041
25. Monroe	30. Monroe

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
1916 HARDEN BLVD
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is not a corporation)

83.

84. City, State

FL 05

11. The agent for the preparation of this report is duly qualified under Florida Statutes. The officer represents and warrants that the statements for the purpose of this report are true and correct to the best of his or her knowledge and belief. The officer represents and warrants that the information contained in this report is true and correct to the best of his or her knowledge and belief. The officer represents and warrants that the information contained in this report is true and correct to the best of his or her knowledge and belief. The officer represents and warrants that the information contained in this report is true and correct to the best of his or her knowledge and belief.

May 15, 1995

12. OFFICERS AND DIRECTORS	13. AGENTS FOR SERVICE OF PROCESS
NAME: DP DION, LAWRENCE R.	NAME: _____
ADDRESS: P. O. BOX 1209 N/A KEY WEST FL	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 220.02(1)(b), Florida Statutes. I further certify that the information included in 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 this corporation or the person or persons empowered to execute the report as required by Chapter 220, Florida Statutes, and that my name appears in Block 2, of Block 1 of this report, or an alternate with an address.

SIGNATURE: *Lawrence R. Dion*
LAWRENCE R. DION
DIRECTOR

May 15, 1995 305/296-2000