

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M58418 (8)

1. Corporation Name

JORGE M. PEREZ, R.P.T., P.A.

Principal Place of Business

7171 CORAL WAY, SUITE 316
MIAMI FL 33155

Mailing Address

7171 CORAL WAY, SUITE 316
MIAMI FL 33155

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

09/02/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0022053

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. 199.05, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CABRERA, RAUL P.
4201 SW 11TH STREET
MIAMI FL 33134

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 607.0607 and 607.1508, Florida Statutes, the above named corporation submits the 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 licensed with respect to the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	PD PEREZ, JORGE M.
STREET ADDRESS	7171 CORAL WAY, #316
CITY	MIAMI FL
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. NAME	
6. STREET ADDRESS	
7. CITY	
8. NAME	
9. STREET ADDRESS	
10. CITY	
11. NAME	
12. STREET ADDRESS	
13. CITY	
14. NAME	
15. STREET ADDRESS	
16. CITY	
17. NAME	
18. STREET ADDRESS	
19. CITY	
20. NAME	
21. STREET ADDRESS	
22. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(g), 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 shareholder of the corporation or the registered agent empowered to execute this report as required by Chapter 403, Florida Statutes, and that my name appears in Block 1, and Block 4, if changed, or on an alternate form with an address.

SIGNATURE:

Jorge M. Perez

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 2679943

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norbury
Secretary of State
1000 BANK BUILDING, SUITE 1000
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **M59091**

(2)

1. Corporation Name

CORAL REEF POOL CONSTRUCTION, INC.

Principal Place of Business

**3599 23RD AVENUE SOUTH
LAKE WORTH FL 33461**

Mailing Address

**3599 23RD AVENUE SOUTH
LAKE WORTH FL 33461**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

09/16/1987

3a. Date of Last Report

05/31/1994

2. Three digit State of Incorporation

21

2a. Mailing Address

26

4. FEI Number

65-0032247

Applied For

☐ Not Applicable

Scale April 1st of

22

Scale April 1st of

27

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

25

29

30

8. The corporation has liability for intangible tax under 1981037
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HACKL, JEFFREY J.
2914 VASSALLO AVENUE
LAKE WORTH FL 33461**

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 190.01, 190.02, and 190.03, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered officer or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am hereby accepting and I agree to the appointment of the named of State Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

**PTD
HACKL, JEFFREY J.
2914 VASSALLO AVE
LAKE WORTH FL**

15. NAME

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

**VD
ANDREWS, ERIC J.
1808 N. "M" ST
LAKE WORTH FL**

20. NAME

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

29. NAME

30. NAME

31. NAME

32. NAME

33. NAME

34. NAME

35. NAME

36. NAME

37. NAME

38. NAME

39. NAME

40. NAME

41. NAME

42. NAME

43. NAME

44. NAME

45. NAME

46. NAME

47. NAME

48. NAME

49. NAME

50. NAME

51. NAME

52. NAME

53. NAME

54. NAME

55. NAME

**S
Hackl, Jason
2607 Amherst Lane
Lake Worth, FL 33460**

SIGNATURE:

Jeffrey J. Hackl

JEFFREY J. HACKL

51295

407588-2018

(Signature of Registered Agent or New Registered Agent)

(Date)

(Signature of Registered Agent or New Registered Agent)

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheny
Secretary of State
1000 North West 14th Street, Suite 200
Tallahassee, Florida 32304-0001

DOCUMENT # M59974

(9)

BUSINESS INTERIORS, INC.

APPROVED
AND
FILED

MAY 10 1996

DEPT. OF STATE
TALLAHASSEE, FLORIDA

Principal Office Location

Managing Agent

C/O LUCILLE MCKEY
4615 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

C/O LUCILLE MCKEY
4615 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date of original report or registration

09/30/1987

3a. Date of report or registration

03/31/1994

2. Principal Office Location

21

2a. Managing Agent

26

4. FID Number

65-0010486

Applied For

Not Applicable

22. Principal Office Location

22

27. Principal Office Location

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. Principal Office Location

23

28. Principal Office Location

28

6. Election Certificate Filing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Principal Office Location

24

25. Principal Office Location

25

29. Principal Office Location

29

30. Principal Office Location

30

8. This corporation is not subject to the provisions of Chapter 190, Florida Statutes.
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKEY, LUCILLE
4615 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

81. Name

82. Street Address (If no business name, list description)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Any change was authorized by the corporation's board of directors, thereby agreed the amendment as expressed upon filing herewith and accept the change of its laws to the State of Florida Statutes.

SIGNATURE

12. OFFICER, DIRECTOR, AND MANAGER

NAME	D MCKEY, LUCILLE
STREET ADDRESS	4615 PONCE DE LEON BLVD.
CITY	CORAL GABLES FL
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, AND MANAGER

NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition
NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ Change ☐ Addition
CITY	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and changed only for the exemption related to business 190.07, Florida Statutes. I further certify that the information included on this periodic report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a duly signed report. I also certify that I am an officer or director of the corporation or the person authorized to execute the report as required by Chapter 190, Florida Statutes, and that my signature appears on Block 1 or Block 13 of this report or on any other filing with an address.

SIGNATURE: *Lucille McKey*
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

5/12/95