FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002904 (1)**

1. Corporation Name

SOUTHPORT ASSEMBLY OF GOD INC.

Principal Place of Business	Mailing Address
7308 HWY 77 SOUTHPORT FL 32409	P.O. BOX 780 LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1993**
3a. Date of Last Report: **06/02/1994**
4. FEI Number: **59-3247661** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

OGLESBY, ROBERT B
1730 4TH ST
SOUTHPORT FL 32409

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 607.0502 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 (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	T	11 TITLE	☐ Change ☐ Addition
12 NAME	OGLESBY, ROBERT	12 NAME	
13 STREET ADDRESS	1730 4TH ST.	13 STREET ADDRESS	
14 CITY ST ZIP	SOUTHPORT FL 32409	14 CITY ST ZIP	
21 TITLE	T	21 TITLE	☐ Change ☐ Addition
22 NAME	CHANDLER, DOUG	22 NAME	
23 STREET ADDRESS	7304 SALE BLVD.	23 STREET ADDRESS	
24 CITY ST ZIP	SOUTHPORT FL	24 CITY ST ZIP	
31 TITLE	T	31 TITLE	☐ Change ☐ Addition
32 NAME	CREAMER, GWEN	32 NAME	
33 STREET ADDRESS	1509 NASSAU ST.	33 STREET ADDRESS	
34 CITY ST ZIP	SOUTHPORT FL	34 CITY ST ZIP	
41 TITLE	ST	41 TITLE	☐ Change ☐ Addition
42 NAME	BIDDINGER, JANA	42 NAME	
43 STREET ADDRESS	1507 NASSAU ST.	43 STREET ADDRESS	
44 CITY ST ZIP	SOUTHPORT FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jana Biddinger — 5/15/95 — 904-265-5683

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0029045

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1995

DOCUMENT # P93000000245 (9)

COPEX TRADING, INC.

7008 NW 46 STR
MIAMI FL 33166
US

7008 NW 46 STR
MIAMI FL 33166
US

3. 01/04/1993 3a. 03/14/1994

21 9590 N.W. 40TH ST RD 26 9590 N.W. 40TH ST RD

4. 65-0380181 Applied For / Not Applicable

22 27

5. $8.75 Additional Fee Required

23 MIAMI, FLORIDA 28 MIAMI, FLORIDA

6. $5.00 May Be Added to Fees

24 33178 25 DADE 29 33178 30 DADE

9. Name and Address of Current Registered Agent

DEL PILAR MOSERES, MARIA
14364 SW 106 TERR
MIAMI FL 33186

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 Section [illegible] 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. The corporation is authorized to transact business in Florida and the registered office and registered agent [illegible] Florida Statutes.

Signature(s)

12. Officer/Director Additional Data

Title	PTD
Name	MOSERES, RAUL
Street Address	14364 SW 106 TERR
City-St-Zip	MIAMI FL
Title	SD
Name	DEL PILAR MOSERES, MARIA
Street Address	14364 SW 106 TERR
City-St-Zip	MIAMI FL

13. Additional Changes to Officer/Director Data

Title Change Addition
Name
Street Address
City-St-Zip

Title Change Addition
Name
Street Address
City-St-Zip

Title Change Addition
Name
Street Address
City-St-Zip

Title Change Addition
Name
Street Address
City-St-Zip

Title Change Addition
Name
Street Address
City-St-Zip

Title Change Addition
Name
Street Address
City-St-Zip

14. To the best of my knowledge and belief, the facts stated above are true. I am familiar with and authorized by the corporation to execute this statement, as required by Chapter 607, Florida Statutes. I further certify that the corporation named above has complied with the applicable provisions of Florida Statutes, and that this entity is authorized to transact business in Florida. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0185181 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

APPROVED AND FILED

10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000354 (9)**

1. Entity Name

RAUL CABINET & FURNITURE, CORP.

Principal Office Address

5354 WEST 6TH LANE
HIALEAH FL 33012

Mailing Address

5354 WEST 6TH LANE
HIALEAH FL 33012

(Document Will Be Returned to the Above Address)

3. Date Incorporated / Qualified: **01/05/1993**

3a. Date of Last Report: **04/25/1994**

2. FEI Number (Applied For)

21

2a. Mailing Address

26

4. FEI Number: **65-0381203** ☐ Applied For ☐ Not Applicable

Suite, Apt. #

22

Suite, Apt. #

27

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

City

23

City & State

28

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

ZIP

24

County

25

ZIP

29

County

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, RAUL
8193 N.W. 98TH ST.
HIALEAH GARDENS FL 33016

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 Section 607.0501 and/or 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, Florida Statutes.

SIGNATURE

(Signature of Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN FUTURE
1 TYPE	PD	☐ Change ☐ Addition
NAME	HERNANDEZ, RAUL	
STREET ADDRESS	5354 WEST 6TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
2 TYPE	PD	☐ Change ☐ Addition
NAME	HERNANDEZ, ELENA	
STREET ADDRESS	5354 WEST 6TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
3 TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
4 TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
5 TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
6 TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We 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)(i), 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: X Raul Hernandez RAUL HERNANDEZ 2/20/95 305-825-0138

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0082002 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000612 (0)

1. Corporate Name

TRINITY ESTATE PLANNERS, INC.

Principal Place of Business: 1900 CLIFFORD ST, STE 304, FT MYERS FL 33901, US

Mailing Address: PO BOX 9223, FT MYERS FL 33902, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1993

3a. Date of Last Report: 03/28/1994

4. FEI Number: 65-0425147 ☐ 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

2. Principal Place of Business: 21 __ 22 Suite, Apt # etc. __ 23 City & State __ 24 Zip __ 25 Country __

2a. Mailing Address: 26 __ 27 Suite, Apt # etc. __ 28 City & State __ 29 Zip __ 30 Country __

9. Name and Address of Current Registered Agent

OROSZ, DAVID L
1900 CLIFFORD ST #304
FT MYERS FL 33901

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 607.0502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☒ Addition
NAME	OROSZ, DAVID L	NAME	
STREET ADDRESS	1900 CLIFFORD ST #304	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	33901
TITLE	P	TITLE	☐ Change ☒ Addition
NAME	OROSZ, DOROTHY	NAME	
STREET ADDRESS	1900 CLIFFORD ST #304	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	33901
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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), 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: [signature] DAVID L. OROSZ, DIR. 5/16/95 (813) 332-2932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0449704 FP

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CORPORATION ANNUAL REPORT

1995

DOCUMENT # P93000000688 (0)

1. PROGRESS WHOLESALE OF AMERICA, INC.

Principal Place of Business	Mailing Address
~~5105 DARRINGTON LANE~~ ~~SUITE 311~~ ~~ORLANDO FL 32821~~ ~~US~~	~~5105 DARRINTON LANE~~ ~~SUITE 311~~ ~~ORLANDO FL 32821~~ ~~US~~
2. 21 5750 MAGOIZ BLV	2a. 26 5750 MAGOIZ BLV
22 #275	27 #275
23 ORLANDO - FL	28 ORLANDO FL.
24 32819 25 USA.	29 32819 30 USA

3. Date of Incorporation / Qualification: 01/06/1993

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

4. FEI Number: 65-0377660 — 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. Does corporation owned by changes to Florida Statutes: [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

VAZ DE SOUSA, SELMA G
65-0377660
ORLANDO FL ~~32821~~

10. Name and Address of New Registered Agent

81 Name: VAZ DE SOUSA, SELMA G.
82 Street Address (P.O. Box Number is Not Acceptable): 5105 DORRINGTON LANE
83
84 City: ORLANDO FL 85 Zip Code: 32821

11. Designation of Registered Agent/Office (See 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 in accordance with authority granted by the corporation's board of directors. I hereby accept the appointment as registered agent (or agent authorized to receive service of process) for the above stated corporation, at the designated office, in accordance with Florida Statutes.

SIGNATURE: Selma G. V. Sousa (PRESIDENT) SELMA G VAZ DE SOUSA 5/18/95

12. OFFICER AND DIRECTORS

D
VAZ DE SOUSA, SELMA G
~~5105 DORRINGTON LANE~~
~~ORLANDO FL~~

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

DT
VAZ DE SOUSA, SELMA G
5105 DORRINGTON LANE
ORLANDO FL - 32821.

14. I hereby certify that the information supplied with this report is true, complete and accurate and that all amounts due by the corporation to the Department of Revenue have been paid or will be paid prior to the time they become due. I am aware that false information submitted in a report required by Chapter 607, Florida Statutes, is punishable as a misdemeanor of the first degree as provided in s. 607.0122, Florida Statutes.

SIGNATURE: Selma G. V. Sousa 5/18/95 407/248-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0084440 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

DOCUMENT # P93000001027 (0)

1. Entity Name
NETWORK HEALTH SERVICES, INC.

APPROVED
AND
FILED

TALLAHASSEE, FLORIDA

Principal Office
6161 N.W. 154TH ST.
SUITE 220
MIAMI LAKES FL 33016

Mailing Address
6161 N.W. 154TH ST.
SUITE 220
MIAMI LAKES FL 33016

Document Number (If Known)

3. Date of Incorporation or Qualification: 01/06/1993
3a. Date of Last Report: 07/12/1994

2. FEI Number (If Applicable)
21

2a. Mailing Address
26

4. FEI Number
65-0389152
Applied For
Not Applicable

Name of Agent
22

Name of Agent
27

5. Certificate of Status Desired
$8.75 Additional Fee Required

Office
23

Office
28

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

Officer
24

Title
25

Officer
29

Title
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

SINGER, BERNARD A
4700 SHERIDAN ST.
SUITE B
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 Section 607.0505 and/or 608.4101, 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
DP WEINER, GARY A 6161 N.W. 154 ST., SUITE 220 MIAMI LAKES FL 33016	Change Addition
DST DACAMARA, WILLIAM A IV 6161 N.W. 154 ST., SUITE 220 MIAMI LAKES FL 33016	Change Addition
	Change Addition
	Change Addition
	Change Addition
	Change Addition

14. I do hereby certify that the information supplied with this report is complete, accurate and true, and specifically, for the corporation listed in Section 1 of this report, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 13 above, or on an attachment with an address.

SIGNATURE: Gary Weiner 5/16/95 822-5566

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Date

Telephone Number

0007720 CP