

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JANIS H. SMITH
TALLAHASSEE, FLORIDA
3900 PARK DRIVE, SUITE 400

APPROVED
AND
FILED

95 MAY -1 PM 1:58

DOCUMENT # P12411 (5)

1. Corporation Name

NORTHERN V'S MARINE SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2570 SOUTH PARK ROAD
HALLANDALE FL 33009

Mailing Address
2801 S. PARK RD.
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 12/09/1986
3a. Date of Last Report 05/01/1994

4. FEI Number 59-2449527
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. 194 U.S. Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

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State and Zip

State and Zip

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City & State

City & State

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Zip

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Zip

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VERDERBER, JOHN
2801 SOUTH PARK ROAD
HALLANDALE FL 33009

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 607.0602 and 607.1509, 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 607.0609, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

14. VERDERBER, JOSEPH
33 BEACH RD
EAST NORTHPORT NY 11755
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VERDERBER, JUDITH
33 BEACH RD
EAST NORTHPORT NY 11755

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SIGNATURE:

Joseph Verderber, Pres.
JOSEPH VERDERBER

4/28/95 305 987 9656

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FLORIDA DEPARTMENT OF STATE
Jeffrey H. Thompson
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # **P12485** (9)

1. Corporation Name

REVCO D.S., INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/12/1986** 3a. Date of Last Report **04/19/1994**

4. FEI Number **34-1527876** 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

2a. Mailing Address

**1925 ENTERPRISE PARKWAY
TWINSBURG OH 44087**

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TWINSBURG OH 44087**

21. State, Apt. #, etc.

25. State, Apt. #, etc.

22. City & State

27. City & State

23. City

28. City

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

Signature of person authorized to sign this report (Agent, Secretary, Treasurer, etc.)

Signature of Registered Agent (If not registered agent, leave blank)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BORGHESE, LIVIO M
STREET ADDRESS	79 E 79TH ST
CITY, ST, ZIP	NEW YORK NY
TITLE	S
NAME	STAPH, JACK
STREET ADDRESS	2628 KERWICK ROAD
CITY, ST, ZIP	UNIVERSITY HTS. OH
TITLE	VD
NAME	RAVEN, GREG
STREET ADDRESS	7385 MCSHU LANE
CITY, ST, ZIP	HUDSON OH
TITLE	D
NAME	EMBRY, TALTON R
STREET ADDRESS	35 E 21ST ST
CITY, ST, ZIP	NEW YORK NY
TITLE	D
NAME	EVANS, BEN
STREET ADDRESS	787 7TH AVE, 21ST FL
CITY, ST, ZIP	NEW YORK NY
TITLE	VP
NAME	RAAF, ROBERT
STREET ADDRESS	2273 WELLINGTON CIRCLE
CITY, ST, ZIP	HUDSON OH

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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 registered agent of the corporation in Florida as provided for herein. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. RAAF

4/24/95

(216) 425 9811