

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY 20 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000004599**
1. Corporation Name
UNDERGROUND COFFEE WORKS INC

Principal Place of Business Mailing Address
SAME ^{P.O. Box} **342 PALM BCH, FL**
105 S. NARCISSUS AVE **0342-33480**
W.P.B., FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 105 S. NARCISSUS		26 P.O. BOX		15-2373061		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 N/A		27 342		<input type="checkbox"/>			
23 City & State		28 City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
WPB FL		Palm Beach, Florida		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Zip		8. This corporation has liability for intangible tax under S. 199.032,		Florida Statutes	
24 33401		29 33480		Country		<input type="checkbox"/> res <input type="checkbox"/> fw	
Country		Country					
25 USA		30 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CATHERINE F. VOLPE				81 Name			
229 10TH ST.				N/A			
W.P.B., FL 33401				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 agents 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 Catherine F. Volpe DATE 6/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRCZ.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH J MAGANO	12 NAME	
STREET ADDRESS	229 10TH ST	13 STREET ADDRESS	
CITY, ST, ZIP	W.P.B. FL, 33401	14 CITY, ST, ZIP	
TITLE	VIC PRCZ.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE VOLPE	22 NAME	
STREET ADDRESS	229 10TH ST.	23 STREET ADDRESS	
CITY, ST, ZIP	W.P.B. FL, 33401	24 CITY, ST, ZIP	
TITLE	SEC.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH J MAGANO	32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	TREASURER	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE VOLPE	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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)(b) 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 13 or 14 of this report or as an attachment with an address.

SIGNATURE: [Signature] DATE: 6/1/95 825-4722

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1995



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

DOCUMENT # P92000004724
1. Corporation Name:
PROFORCE BUILDING MAINT. INC

NOV 12 12:33
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 621 NW 53 RD ST SUITE 240 BOCA RATON FL 33487
Mailing Address: Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite Apt # etc	26. Suite Apt # etc	65-0373881	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. County	29. County	7. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<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	
CORPORATION SERVICE CO 1201 HAYES ST TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

11. Pursuant to the provisions of sections 607.0401, and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in this 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 607.0403, Florida Statutes.

SIGNATURE: CURTIS SALLA
Title: Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS (CHANGE § TO OFFICERS AND DIRECTORS IN 12)	
TITLE: PRES		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CURTIS SALLA		2. NAME	100001545091
STREET ADDRESS: 621 NW 53 RD ST		3. STREET ADDRESS	-07/25/95--01053--020
CITY: BOCA RATON	FL 33487	4. CITY	****225.00 ****225.00
STATE: FL		5. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP: 33487		6. ZIP	
2. TITLE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		8. NAME	
4. STREET ADDRESS		9. STREET ADDRESS	
5. CITY		10. CITY	
6. STATE		11. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. ZIP		12. ZIP	
8. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		14. NAME	
10. STREET ADDRESS		15. STREET ADDRESS	
11. CITY		16. CITY	
12. STATE		17. STATE	
13. ZIP		18. 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 119.021(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report or true and correct report and that my signature shall have the same legal effect as if made under oath. That I am, as officer or director of this corporation or the treasurer or transfer agent, or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment thereto as above.

SIGNATURE: CURTIS SALLA (Signature) 7-1-95 707-995-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



APPROVED
AND
FILED

95 APR 27 PM 2:21

DOCUMENT # **P92000005288 (5)**

ORIENTAL INTERNATIONAL, INC.

Secretary of State
TALLAHASSEE, FLORIDA

000001545360
-07/25/95--01116--019
****200.00 ****200.00

21	1271 LA QUINTA DR #6	26	P.O. BOX 9173
22	ORLANDO FL 32809	27	WINTER HAVEN
23		28	WINTER HAVEN
24		29	FL 33880
25		30	

3	11/16/1992	3a	02/23/1994
4	59-3147546	Applied For Fast Approval	
5			\$8.75 Additional Fee Required
6			\$5.00 May Be Added to Fees
7			

9. Name and Address of Current Registered Agent

CHANG, HELEN
225 EDGEWOOD APTS. 55
LAKELAND FL 33803

10. Name and Address of New Registered Agent

B1 Name: **TONY CHANG**
B2 Street Address: **1271 LA QUINTA DR #6**
B3
B4 **ORLANDO** FL B5 **32809**

11. I, **TONY CHANG**, hereby certify that the information supplied with this filing is true and correct. I am the duly authorized representative of the corporation and hereby accept the appointment as registered agent. Date: **6/5/95**

12. ADDITIONAL CHANGES TO REGISTERED AGENT

PST
CHENG, ANNY,
350 24TH ST NW #202M
WINTER HAVEN FL 33880

VP
7001 CHANG
PO BOX 9173
WINTER HAVEN FL 33880

13. ADDITIONAL CHANGES TO REGISTERED AGENT

PST
CHENG, ANNY
1110 LAKESHORE
LAKELAND FL 33801

14. I, the undersigned, certify that the information supplied with this filing is true and correct. I am the duly authorized representative of the corporation and hereby accept the appointment as registered agent. Date: **4/28**

SIGNATURE: **TONY CHANG**
SIGNATURE AND PRINTED NAME OF FORMING OFFICER OR DIRECTOR

REMITTED BY MAY 1

4/28 (813) 294-5193