

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 11 10: 52

DOCUMENT # **P92000004661 (4)**

1. Corporation Name

NEIGHBORHOOD PRESSURE CLEANING INC.

Principal Place of Business

7948 S.W. 7TH CT
N LAUDERDALE FL 33068

Mailing Address

7948 S.W. 7TH CT
N LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1992** 3a. Date of Last Report **05/31/1994**

4. FEI Number **65-0372340** 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**

6. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

State Apt #, etc.

22

City & State

23

City & State

24

County

25

City

29

County

30

9. Name and Address of Current Registered Agent

**WALL, BILL
7948 SW 7TH CT
N LAUDERDALE FL 33068**

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 607.0507 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 Current Registered Agent or Director)

(Signature of New Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
WALL, BILL
7948 SW 7TH CT
N LAUDERDALE FL 33068**

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

22 TITLE
23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

26 TITLE
27 NAME
28 STREET ADDRESS
29 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

30 TITLE
31 NAME
32 STREET ADDRESS
33 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

34 TITLE
35 NAME
36 STREET ADDRESS
37 CITY, ST, ZIP

Change Addition

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(9)(k), 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. But 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM B.A. WALL III

5-30-95

305-721-2910

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P92000004806 (5)**

1. Corporation Name

ASCOTT PRODUCERS NETWORK, INC.

Principal Place of Business	Mailing Address
33 RECTOR ST NEW YORK NY 10006 US	33 RECTOR ST NEW YORK NY 10006 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 666 FIFTH AVENUE		26 666 FIFTH AVENUE		11/25/1992		05/01/1994	
Subst. Apt. # etc.		State, Apt. # etc.		4. FET Number		Applied For	
22 22 ND FLOOR		27 22 ND FLOOR		13-3697985		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 NEW YORK, NY		28 NEW YORK, NY		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
7c. Country		7d. Country		8. This corporation has liability for intangible tax under S 199.032, Florida Statutes			
24 10103		25 US		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MEYER, MARVIN 28 ESSEX DR. TENAFLY NJ 07670	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SV ZUBAK, JOHN A 36 BAYSHORE DR. NEWTOWN PA 18940	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(2)(b), Florida Statutes. I further certify that the information included on this filing report or supplemental filing report is true and correct 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 recipient of notice empowered 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 as an officer or director.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/95 (212) 641-4000

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CORPORATION
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1995



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

FILED
SECRETARY OF STATE
05 JUN 11 AM 1995

DOCUMENT # P92000005178 (8)

1. Corporation Name
BLAZER AIR CONDITIONING, CORP.

Principal Place of Business: **3120 PEMBROKE RD. SUITE 118 HALLANDALE FL 33009**
Mailing Address: **1101 NE 211 TERR NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1992**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0387126**
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. **3120 S.W. 19th St**
22. Suite, Apt. #, etc: ***241**
23. City & State: **Pembroke Park FL**
24. Zip: **33009**
25. Country: **BROWARD**

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

9. Name and Address of Current Registered Agent
**ZASLOFF, RON SR
1101 NE 211 TERR
NORTH MIAMI BEACH FL 33179**

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

11. Pursuant to the provisions of Sections 607.0502 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZASLOFF, RON
STREET ADDRESS	1101 NE 211 TERR
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179
TITLE	V
NAME	ZASLOFF, RON
STREET ADDRESS	1101 NE 211 TERR
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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: *Ronald Zaslouff* (**RONALD ZASLOFF**) **5/25/95** **305-591-6929**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR