

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

DOCUMENT # **P92000012727 (3)**

1. Corporation Name

AUTO PRESERVATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

**476 GLEN HAVEN DRIVE
DELTONA FL 32738**

Mailing Address

**476 GLEN HAVEN DRIVE
DELTONA FL 32738**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3154422

Applied For

Not Applicable

State, Apt. #, etc.

22

State, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

24

Country

25

Zip

29

Country

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

**FOCKE, JILL E
476 GLEN HAVEN DRIVE
DELTONA FL 32739-8**

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

Signature of person appointed agent, registered agent or both, as applicable.

Signature of person appointed agent or registered agent, as applicable.

(Date)

12. OFFICERS AND DIRECTORS

101

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
FOCKE, JAMES T
476 GLEN HAVEN DR
DELTONA FL 32738**

102

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
FOCKE, JILL E
476 GLEN HAVEN DR
DELTONA FL 32738**

103

NAME

STREET ADDRESS

CITY, ST, ZIP

104

NAME

STREET ADDRESS

CITY, ST, ZIP

105

NAME

STREET ADDRESS

CITY, ST, ZIP

106

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

112

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

113

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

114

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

115

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

116

NAME

STREET ADDRESS

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 110.07(9)(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 register or register 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:

Jill Focke

Jill Focke

5/31/95

407-291-3986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature Number)

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

FILED
SECRETARY OF STATE
CORPORATIONS
MAY 1 1995

DOCUMENT # P92000012935 (2)

1. Corporation Name

EXERTECH SERVICE CORP.

Principal Place of Business

Mailing Address

281 NW 11 ST
BOCA RATON FL 33432
US

P O BOX 3817
BOCA RATON FL 33427
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0370126

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 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 620 Juneberry Ct.

26 Suite Apt #, etc

22 Suite Apt #, etc

27 Suite Apt #, etc

23 City & State

28 City & State

23 Boca Raton, FL

28 Boca Raton, FL

24 ZIP

25 Country

29 ZIP

30 Country

24 33486

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKIDMORE, RAYMOND D
281 NW 11TH ST
BOCA RATON FL 33432

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 607.01(2) 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 Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SKIDMORE, RAYMOND D
STREET ADDRESS	281 NW 11 ST
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☒ Change ☐ Addition
1. NAME	SKIDMORE, RAYMOND D.
1. STREET ADDRESS	620 Juneberry Ct.
1. CITY, ST, ZIP	Boca Raton, FL 33486
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Skidmore

5/31/95

391-4571

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CORPORATION
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1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 1 1995

DOCUMENT # P92000013399 (0)

1. Corporation Name

MASS ENGINEERING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1847 ACME ST PO BOX 5117
ORLANDO FL 32805 OCALA FL 34478
US US

3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 03/23/1994
4. FEI Number 59-3154501	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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent FAKHOURY, EMAD A.F. 1021 SW 17 ST OCALA FL 34474	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
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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 Agent is printed name of registered agent and the Agent's name) (If (1) Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	ALFARONE, WAYDE	2. NAME	
STREET ADDRESS	2609 DELCREST DR	3. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	4. CITY, ST, ZIP	
TITLE	TSD	21. TITLE	☐ Change ☐ Addition
NAME	FAKHOURY, EMAD	22. NAME	
STREET ADDRESS	2210 SE 15 ST	23. STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	24. CITY, ST, ZIP	
TITLE	V	31. TITLE	☐ Change ☐ Addition
NAME	LEWIN, KENNETH	32. NAME	
STREET ADDRESS	2905 S SEMORAN BLVD #162	33. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

(No longer officer -> Please remove Mr. Lewin's name as officer.)

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)(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 on Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: (Emad Fakhoury) 4/17/95 (904) 351-2398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR