

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 # P93000010089 (9)

1. Corporation Name

CASH CONTROL SYSTEMS, INC.

Principal Place of Business

**3965 INVESTMENT LN
SUITE A-10
WEST PALM BCH FL 33404
US**

Mailing Address

**P.O. BOX 175
LOXAHATCHEE FL 33470**

3. Date Incorporated or Qualified
02/03/1993

3a. Date of Filing
06/09/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0390971

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, 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**

24

25

29

30

6. This corporation has liability for intangible tax under Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANOS, SHARON
18429 WEST SYCAMORE DRIVE
LOXAHATCHEE FL 33470**

01 Name

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

03

04 City

FL

05 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 or persons to whom appointment is made

Signature of person or persons to whom appointment is made

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
RADAKOVIC, SALVADORE
13199 MARACELLA BLVD
LOXAHATCHEE FL**

NAME

STREET ADDRESS

CITY, ST, ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

**VD
MANOS, ERNEST J
18429 WEST SYCAMORE DRIVE
LOXAHATCHEE FL 33470**

NAME

STREET ADDRESS

CITY, ST, ZIP

20 TITLE

21 NAME

22 STREET ADDRESS

23 CITY, ST, ZIP

☒ Change ☐ Addition

DELETE FROM CORPORATION

TITLE

**CEO
MANOS, SHARON
18429 WEST SYCAMORE DRIVE
LOXAHATCHEE FL 33470**

NAME

STREET ADDRESS

CITY, ST, ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

**ST
RADAKOVIC, CHERYL
13199 MARACELLA BLVD
LOXAHATCHEE FL**

NAME

STREET ADDRESS

CITY, ST, ZIP

40 TITLE

41 NAME

42 STREET ADDRESS

43 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

50 TITLE

51 NAME

52 STREET ADDRESS

53 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

60 TITLE

61 NAME

62 STREET ADDRESS

63 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 1114 (2)(b)(4), Florida Statutes. I further certify that the information indicated on the 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or as an attachment with an address.

SIGNATURE

Sharon Manos

SHARON MANOS, CEO

5/15/95

(407) 848-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montagna Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000010398 (4)

1. Corporation Name:

BRUNHILD PROPERTIES, INC.

5/11/95 4:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business 3314 HENDERSON BOULEVARD SUITE #107 TAMPA FL 33609 US		Mailing Address 3314 HENDERSON BOULEVARD SUITE #107 TAMPA FL 33609 US		3. Date first reported or Qualified 02/04/1993	3a. Date of Last Report 06/14/1994
2. Principal Place of Business 21 State Apt. # etc.	2a. Mailing Address 26 State Apt. # etc.	4. FEI Number 59-3158741		Applied for ☐ Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 City & State	25 City & State	29 City & State		30 City & State	
7. This corporation has liability for corporation tax under the Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent

**BRUNHILD, MAURICE
3314 HENDERSON ROAD
SUITE 107
TAMPA FL 33609**

10. Name and Address of New Registered Agent

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 227, 228, and 229, Florida Statutes, this officer 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, if newly elected, or the appointment as registered agent. I am familiar with and accept the obligations of Sections 227, 228, and 229, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS	
NAME	D BRUNHILD, MAURICE	NAME	☐ Change ☐ Addition
STREET ADDRESS	3314 HENDERSON BOULEVARD, SUITE 107	STREET ADDRESS	
CITY	TAMPA FL	CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in Sections 12 and 13, Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each officer or director had signed the same for the corporation or the board of directors empowered to execute the report as required by Chapter 100, Florida Statutes, and that my name appears on Block 12 or Block 13 as changed, or on an affidavit with an address.

SIGNATURE:

Maurice Brunhild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95

872-7980

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

1995

DOCUMENT # P93000010648 (2)

FREE LIFE, INC.



FLORIDA
PLANTATION

801 S UNIVERSITY DRIVE
#140C
PLANTATION FL 33324

801 S UNIVERSITY DRIVE
#140C
PLANTATION FL 33324

02/02/1993

04/27/1994

21 6991 W. BROWARD BLVD 26 6991 W. BROWARD BLVD

22 Suite #100 27 Suite #100

23 Plantation, FL 28 Plantation, FL

24 33317 25 USA 29 33317 30 USA

9. Name and Address of Current Registered Agent

CASE, GARY
801 S UNIVERSITY DRIVE
#140C
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name CASE, GARY
82 Street Address 6991 W. BROWARD BLVD
83 Suite #100
84 Plantation, FL 85 Zip Code 33317

11. The undersigned hereby certifies that the foregoing information is true and correct to the best of his knowledge and belief, and that he is the duly authorized representative of the registrant for the purpose of filing this statement with the Department of Banking and Finance, State of Florida, and that he is not a resident of the State of Florida.

GARY CASE, PRESIDENT Gary L. Case 1/10/95

12. ADDITIONAL CHANGES TO OFFICER, AND THE OFFICER'S ADDRESS

P
CASE, GARY L.
801 S UNIVERSITY DR #140C
PLANTATION FL

13. ADDITIONAL CHANGES TO OFFICER, AND THE OFFICER'S ADDRESS

P
CASE, GARY L. X
6991 W. BROWARD BLVD #100
Plantation, FL 33317

14. The undersigned hereby certifies that the information supplied with this filing is true and correct to the best of his knowledge and belief, and that he is the duly authorized representative of the registrant for the purpose of filing this statement with the Department of Banking and Finance, State of Florida, and that he is not a resident of the State of Florida.

SIGNATURE:

Gary L. Case President Gary L. CASE 305 475-8820