

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P93000020917 (9)**

03 MAY -1 AM 11:10

1. Corporation Name

**TROPICAL AUTO BODY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<b>7140 NW 35 AVE. MIAMI FL 33147</b>	<b>7140 NW 35 AVE. MIAMI FL 33147</b>

3. Date Incorporated or Qualified <b>03/11/1993</b>	3a. Date of Last Report <b>08/17/1994</b>
4. FEI Number <b>59-3169780</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. COUNTY	29. COUNTY
30. COUNTY	30. COUNTY

9. Name and Address of Current Registered Agent

**STONE, ORRETT  
7140 NW 35 AVE.  
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address if O. Box Number is Not Acceptable	
83. City	
84. State	<b>FL</b>
85. Zip Code	

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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>PST</b>
2. NAME	<b>STONE, ORRETT</b>
3. STREET ADDRESS	<b>7140 NW 35 AVE.</b>
4. CITY, ST, ZIP	<b>MIAMI FL 33147</b>
5. TITLE	<b>VP</b>
6. NAME	<b>ORRETT STOWE,</b>
7. STREET ADDRESS	<b>7140 NW 35 AVE.</b>
8. CITY, ST, ZIP	<b>MIAMI FL 33147</b>
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.02, 198a, Florida Statutes. I further certify that this information includes the financial report or supplemental annual report as true and correct and that any registration 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 the report as required by Chapter 1937, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached and sworn affidavit.

SIGNATURE:  **ORRETT STONE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/95**  
Digitized by...

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

1995



APPROVED  
MAY 1995

DOCUMENT # **P93000021163 (9)**

**WE-CAN, INC.**

APPROVED  
MAY 1995

Principal Place of Business: **2014 FOURTH ST SARASOTA FL 34237**  
 Mailing Address: **2014 FOURTH ST SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

2. Filing Date of Report: <b>03/22/1993</b>		3a. Date of Last Report: <b>03/08/1994</b>	
3. Date Incorporated or Qualified: <b>03/22/1993</b>		3b. Date of Last Report: <b>03/08/1994</b>	
4. FEI Number: <b>65-0395812</b>		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S 199.032 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

21. Principal Place of Business: <b>3400 S. Tamiami Trail</b>	26. Mailing Address: <b>3400 S. Tamiami Trail</b>
22. Suite Apt # etc: <b>301</b>	27. Suite Apt # etc: <b>301</b>
23. City & State: <b>Sarasota, FL</b>	28. City & State: <b>Sarasota, FL</b>
24. ZIP: <b>34239</b>	30. ZIP: <b>34239</b>

9. Name and Address of Current Registered Agent: **PETER J. JAENSCH, P.A. 2014 FOURTH ST SARASOTA FL 34237**

10. Name and Address of New Registered Agent: **81 Name: PETER J. JAENSCH, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 3400 S. Tamiami Trail 83 Suite 301 84 City: Sarasota FL 85 Zip Code: 34239**

11. Pursuant to the provisions of Sections 199.01 and 607.1506, 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. This change was authorized by the corporation's Board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of Section 607.006, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>D</b>	NAME: <b>NADROFSKY, RONALD</b>	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: <b>1806 PLUM LN</b>	3. CITY & STATE: <b>VENICE FL 34293</b>	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE: <b>D</b>	NAME: <b>NADROFSKY, CAROL</b>	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. STREET ADDRESS: <b>1806 PLUM LN</b>	6. CITY & STATE: <b>VENICE FL 34293</b>	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		7. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		8. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		10. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(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 a resident of this State at the time of this report. The receipt of this report is required to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Florida's Official Telephone Directory or an equivalent publication with my address.

SIGNATURE: **Carol Nadrofsky** April 20, 1995