

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathart
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED AND FILED
MAY 22 11 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033056 (1)**

1. Corporation Name
ARAMAC CORPORATION, INC.

2. Principal Place of Business
**2037 EDGEWATER DRIVE
SUITE 11
CLEARWATER FL 34615**

3. Mailing Address
**2037 EDGEWATER DRIVE
SUITE 11
CLEARWATER FL 34615**

21. Principal Place of Business
1410 Seagull Dr.
State: Apt # etc.
St. Petersburg, Fl.
City & State
33707 Pinellas US

26. Mailing Address
PO box 7212
State: Apt # etc.
Seminole, Fl
City & State
34642-9212 US

(Do NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified
05/03/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3183247

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contributor **\$5.00 May Be Added to Fees**

8. Does corporation has liability for intangible tax under s. 196.01, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MC NAMARA, MARY A
2037 EDGEWATER DRIVE
SUITE 11
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent
81. Name: **McNamara, Mary A**
82. Street Address (P.O. Box Number is Not Acceptable)
1410 SeaGull Dr.
83. **St. Petersburg**
84. City
FL 85. **33707**

11. Pursuant to the provisions of Sections 607.011, 607.012, and 607.013, 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 responsibilities of Section 607.013, Florida Statutes.

SIGNATURE: **Mary A McNamara** *Mary A McNamara* 5-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (1)	
12a. NAME	D MC NAMARA, MARY A	13a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. STREET ADDRESS	2037 EDGEWATER DRIVE, SUITE 11	13b. NAME	
12c. CITY	CLEARWATER FL 34615	13c. STREET ADDRESS	1410 Sea Gull Dr.
12d. STATE		13d. CITY	St. Petersburg, Fl. 33707
12e. ZIP		13e. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. NAME		13f. NAME	
12g. STREET ADDRESS		13g. STREET ADDRESS	
12h. CITY		13h. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12i. STATE		13i. NAME	
12j. ZIP		13j. STREET ADDRESS	
12k. NAME		13k. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12l. STREET ADDRESS		13l. NAME	
12m. CITY		13m. STREET ADDRESS	
12n. STATE		13n. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12o. ZIP		13o. NAME	
12p. NAME		13p. STREET ADDRESS	
12q. STREET ADDRESS		13q. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12r. CITY		13r. NAME	
12s. STATE		13s. STREET ADDRESS	
12t. ZIP		13t. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 194.013(9)(b), Florida Statutes. I further certify that the information furnished 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Book 17 of Book 1 of Changes, or on an attachment with an address.

SIGNATURE: **Mary A McNamara** *Mary A McNamara* 5/5/95 813.345-5270

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

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INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wanda B. Workman
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 23 1995

DOCUMENT # **P93000033361 (5)**

CASSANDRA M. CLARK, P.A.

CENTRAL FLORIDA
PALM BEACH, FLORIDA

1. Name of Corporation		2a. Mailing Address		3. Date incorporated or qualified		3a. Date of Last Report	
2643 BARBARA DR FT LAUDERDALE FL		2643 BARBARA DR FT LAUDERDALE FL		05/07/1993		06/13/1994	
2. Incorporating or Qualifying State		2b. Mailing Address		4. FID Number		Applied For	
21		26		65-0411645		Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		7. This corporation has liability for restoration fees under 15, 15A and 15B Florida Statutes.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLARK, CASSANDRA M 2643 BARBARA DR FT LAUDERDALE FL 33316-3233				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. I, the undersigned, certify that the information furnished and filed herein is true and correct and that my signature shall have the same legal effect as if personally signed by me. I hereby accept the appointment as registered agent of this corporation as provided in the Florida Statutes.

SIGNATURE: *Cassandra M. Clark* (Typed or Printed Name of Signing Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	D CLARK, CASSANDRA M	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	2643 BARBARA DR	2. STREET ADDRESS	
3. CITY	FT LAUDERDALE FL 33316-3233	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished and filed herein is true and correct and that my signature shall have the same legal effect as if personally signed by me. I hereby accept the appointment as registered agent of this corporation as provided in the Florida Statutes.

SIGNATURE: *Cassandra M. Clark* CASSANDRA M. CLARK

5/19/95 (306) 462-3205

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED
95 MAY 23 11:10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034079 (2)**

YORKTOWN CHICKEN OF AMERICA, INC.

Principal Office Address: **3005 SW 70TH LANE GAINESVILLE FL 32608**
Mailing Address: **2413 NE 18TH DR GAINESVILLE FL 32614-0069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/07/1993** 3a. Date of Last Report: **05/31/1994**

4. FEI Number: **59-3210149** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$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 Office Address: **3005 SW 70TH LANE GAINESVILLE FL 32608**
26. Mailing Address: **2413 NE 18TH DR GAINESVILLE FL 32614-0069**
21. Suite, Apt. # etc.:
27. Suite, Apt. # etc.:
23. City & State:
28. City & State:
24. ZIP: 25. County: 29. ZIP: 30. County:

9. Name and Address of Current Registered Agent
**D'ALTO, PAUL
3005 SW 70TH LANE
GAINESVILLE FL 32608**

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 607.08(2) and 607.1908, 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 607.08(2), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of New Registered Agent) _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS
101. NAME: **D**
102. NAME: **D'ALTO, PAUL**
103. STREET ADDRESS: **3005 SW 70TH LANE**
104. CITY & STATE: **GAINESVILLE FL 32608**
105. NAME: **D**
106. NAME: **D'ALTO, ANTHONY**
107. STREET ADDRESS: **47 CHARCOAL HILL ROAD**
108. CITY & STATE: **WESTPORT CT 06880**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94
111. NAME: **President** Change Addition
112. NAME:
113. STREET ADDRESS:
114. CITY & STATE:
121. NAME: **V. President** Change Addition
122. NAME:
123. STREET ADDRESS:
124. CITY & STATE:
131. NAME: Change Addition
132. NAME:
133. STREET ADDRESS:
134. CITY & STATE:
141. NAME: Change Addition
142. NAME:
143. STREET ADDRESS:
144. CITY & STATE:
151. NAME: Change Addition
152. NAME:
153. STREET ADDRESS:
154. CITY & STATE:
161. NAME: Change Addition
162. NAME:
163. STREET ADDRESS:
164. CITY & STATE:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 199.03(1)(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 available for review of this corporation or the receiver or trustee empowered to examine this report as reported by Chapter 607, Florida Statutes, and that my name appears on Block 101, Block 106 or on an attachment with an address.

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

HAY-15-95 904378-94 20

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000034130 (3)**

1. Corporation Name:
NEMO CREDIT CORP.

93 MAY 23 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Name of Business: **4912 SW 72ND AVE MIAMI FL 33155**
Mailing Address: **4912 SW 72ND AVE MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1993** 3a. Date of Last Report: **03/22/1994**

4. FEI Number: **65-0414990** 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. The corporation has liability for intangible tax under § 199(1)(b) Florida Statute: Yes No

21	21a. Mailing Address	22	22a. Mailing Address
22	State Apt # etc.	23	State Apt # etc.
23	City & State	24	City & State
24	Zip	25	Zip
	County		County

9. Name and Address of Current Registered Agent
**THE WASHINGTON ACCOUNTING GROUP INC.
4912 SW 72ND AVE
MIAMI FL 33155**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3 City:
B4 State: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.084(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 607.084(2), Florida Statutes.

SIGNATURE:

Signature of Officer or Director: _____

Signature of Registered Agent: _____

Signature of Secretary: _____

12. OFFICERS AND DIRECTORS

NAME	D RABBIT, STEPHEN C
STREET ADDRESS	4912 SW 72ND AVE
CITY, STATE, ZIP	MIAMI FL 33155
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES, DELETIONS AND DEPARTURES

NAME	STREET ADDRESS	CITY, STATE, ZIP	Change	Addition
14 NAME	14 STREET ADDRESS	14 CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
15 NAME	15 STREET ADDRESS	15 CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
16 NAME	16 STREET ADDRESS	16 CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
17 NAME	17 STREET ADDRESS	17 CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
18 NAME	18 STREET ADDRESS	18 CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
19 NAME	19 STREET ADDRESS	19 CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
20 NAME	20 STREET ADDRESS	20 CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equate for the company stated in Sections 199(1)(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 compile this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED AGENT