

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 AM 9:53

DOCUMENT # P93000051690 (4)

1. Corporation Name

SONIA & ROMERO IMPORT/EXPORT CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1100 N 21ST AVE.
SUITE 116
HOLLYWOOD FL 33020

Mailing Address
1100 N 21ST AVE.
SUITE 116
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
08/23/1994

2. Principal Name of Business
21

2a. Mailing Address
26

4. FEI Number
65-0425089

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
Trust Fund Contribution
\$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

10. Name and Address of New Registered Agent

COUTINHO, MAURICIO
301 PALM WAY #307
PEMBROKE PINES FL 33025

81 Name
82 Street Address (P O Box Number is Not Acceptable)
1300 MANOR COURT
83
84 City
FORT LAUDERDALE
85 Zip Code
FL 33326

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: MAURICIO COUTINHO / PRESIDENT

June 2nd, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	COUTINHO, MAURICIO	12 NAME	
STREET ADDRESS	301 PALM WAY #307	13 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	14 CITY, ST, ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	COUTINHO, MARTHA	22 NAME	
STREET ADDRESS	301 PALM WAY #307	23 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		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	

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 149.07(3)(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 treasurer 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: MAURICIO COUTINHO
PRESIDENT

June 2, 1995

(305) 942-7880

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

FILED
CORPORATION
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P93000052301 (7)

1. Corporation Name:

HURRICANE PROTECTION, INC.

Principal Place of Business

4190 SELVITZ ROAD
FORT PIERCE FL 34981

Mailing Address

4190 SELVITZ ROAD
FORT PIERCE FL 34981

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/26/1993

3a. Date of Last Report

04/18/1994

4. FFI Number

65-0428054

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 § 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 4190 SELVITZ RD

2a. Mailing Address

26 SANZ

Suite Apt # etc

Suite Apt # etc

City & State

23 Ft. Pierce, FLA

City & State

28 SANZ

Zip

24 34981

Country

25 SAINT LUCIE

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WELLS, ALBERT L JR
4190 SELVITZ ROAD
FORT PIERCE FL 34981

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 Agent (Print Name, Address, City, State, Zip)

Signature of Registered Agent (Print Name, Address, City, State, Zip)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	WELLS, ALBERT L JR
3. STREET ADDRESS	711 ST. LUCIE BLVD.
4. CITY, ST, ZIP	STUART FL 34996
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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 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, on or attached with a change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95 407-460-2322
Signature of Agent

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY 1 1995

DOCUMENT # P93000053303 (2)

1. Corporation Name

JANEIRO INC.

Principal Place of Business

191 BRADLEY PL
PALM BEACH FL 33480

Mailing Address

191 BRADLEY PL
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0423642

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOUCHAK, THOMAS M
241 BRADLEY PL
STE 3
PALM BCH FL 33480

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

My office is located at (street name or registered agent's office) (city) (state) (zip). Registered Agent signature required when submitting. (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VOUCHAK, THOMAS M
STREET ADDRESS 241 BRADLEY PL 191 BRADLEY PLACE
CITY, ST, ZIP PALM BCH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE VP
NAME VOUCHAK, MICHAEL T
STREET ADDRESS 4210 PALO ALTO, 2 932 W. NORTH AV.
CITY, ST, ZIP PITTSBURGH PA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 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. Changes are on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/95

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000053879 (1)

1. Corporation Name:

LEWIS CONSTRUCTION OF QUINCY, INC.

Principal Place of Business:

310 CAMELLIA DR
QUINCY FL 32351

Mailing Address:

310 CAMELLIA DR
QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1993

3a. Date of Last Report

10/13/1994

4. FEI Number

59-3197587

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. Godsoen Co., FL

2a. Mailing Address

26. 20 Box 314

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

23. Quincy, FL

28. City & State

28. Quincy, FL

24. Zip

24. 32355

Country

25. USA

29. Zip

29. 32353-0314

Country

30. USA

9. Name and Address of Current Registered Agent

LEWIS, BILLY
310 CAMELLIA DR
QUINCY FL 32351

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 Agent or Registered Agent or Secretary or Treasurer)

(Signature of Registered Agent or Secretary or Treasurer)

DATE

12. OFFICERS AND DIRECTORS

101. TITLE	D
102. NAME	LEWIS, BILLY
103. STREET ADDRESS	310 CAMELLIA DR
104. CITY, ST, ZIP	QUINCY FL 32351
105. TITLE	
106. NAME	
107. STREET ADDRESS	
108. CITY, ST, ZIP	
109. TITLE	
110. NAME	
111. STREET ADDRESS	
112. CITY, ST, ZIP	
113. TITLE	
114. NAME	
115. STREET ADDRESS	
116. CITY, ST, ZIP	
117. TITLE	
118. NAME	
119. STREET ADDRESS	
120. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(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 on oath. That I am an officer or director of the corporation or that 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: *Billy Lewis* **Billy Lewis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95 904.
545-8470

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 # P93000054135 (7)

1. Corporation Name

INTRIM HELICOPTERS, INC.

Principal Place of Business

**655 ASTARIAS CIR
FT MYERS FL 33919**

Mailing Address

**655 ASTARIAS CIR
FT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1993

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0426375

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**

7. This corporation has liability for intangible tax under § 198.002,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

**WALKER, ROBERT P
655 ASTARIAS CIR
FT MYERS FL 33919**

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed name of the Registered Agent)

Signature of Registered Agent (Typed name of the Registered Agent)

12/1

12. OFFICERS AND DIRECTORS

12.1 TITLE

D

12.2 NAME

WALKER, ROBERT P

12.3 STREET ADDRESS

655 ASTARIAS CIR

12.4 CITY, ST, ZIP

FT MYERS FL 33919

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 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 199.07(3)(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 manager or member empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE:

Robert P Walker, President

53095

8034824254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEI

Business Number