

FILE NOW. FILE AFTER FEB 1 1995

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 10:17**

DOCUMENT # P93000065801 (1)

1. Corporation Name
ASHINGTON CONSTRUCTION COMPANY, INC.

Principal Place of Business / Mailing Address
**816 ANCHOR RODE DR.
NAPLES FL 33940**

(Do NOT WRITE IN THIS SPACE)

3. Effective Date of Filing: **09/21/1993** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0438592**
5. Certificate of Status Desired: Applied For Not Applicable
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 D.S.F. Florida Statutes: Yes No

2. Principal Place of Business / Mailing Address
21. **25010 CYPRESS HOLLOW** 26. **25010 CYPRESS HOLLOW**
22. **102** 27. **102**
23. **BONITA SPRINGS FL** 28. **BONITA SPRINGS FL**
24. **33023** 25. **33023** 29. **33023** 30. **33023**

9. Name and Address of Current Registered Agent
**LIEBERFARB, STANLEY J
801 12TH AVENUE SOUTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81. Name: **LIEBERFARB STANLEY, J.**
82. Street Address (P.O. Box Number is Not Acceptable): **4001 TAMUAMI TRAIL N**
83. **SUITE 330**
84. City: **NAPLES** FL 85. **33940**

11. Pursuant to the provisions of Sections 607 (090) and 607 (100) 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 a resident with and accept the jurisdiction of Section 607 (090), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	D SMITH, ANDREW
STREET ADDRESS	816 ANCHOR RODE DR. NAPLES FL 33940
CITY	NAPLES
STATE	FL
ZIP	33940
NAME	D SMITH, ADAM
STREET ADDRESS	816 ANCHOR RODE DR. NAPLES FL 33940
CITY	NAPLES
STATE	FL
ZIP	33940
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and shown, read and qualify for the exemption stated in Section 199 (01), Florida Statutes. I further certify that the information indicated on this report is a supplemental annual report as 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 an officer 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 of this report as an officer or director with an address.

SIGNATURE: **ANDREW SMITH** 5-30-95 813-498-0500

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 1 1995

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000065842 (5)

1. Corporation Name
J & C PAINTING, INC.

Principal Place of Business: **6881 SW 132 AVE MIAMI FL 33183**
Mailing Address: **6881 SW 132 AVE MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1993**
3a. Date of Last Report: **06/29/1994**

4. Fed Number: **APPLIED FOR 65-0495997**
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. 196(1)(a), Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. ZIP: 25. Locality: 29. ZIP: 30. Locality:

9. Name and Address of Current Registered Agent
**RODRIGUEZ, JORGE
6881 SW 132 AVE
MIAMI FL 33183**

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 607.062 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 607.0605 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JORGE	2. NAME	
STREET ADDRESS	6881 SW 132 AVE	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	4. CITY, ST, ZIP	
TITLE	V	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JUAN	6. NAME	
STREET ADDRESS	6881 SW 132 AVE	7. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 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: *Jorge Rodriguez* *Jorge Rodriguez* **5/24/95** **(300) 342-6315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

FILED
CORPORATION
MAY 11 1995

DOCUMENT # P93000066272 (4)

1. Corporation Name
PLASTIC APPLIED TECHNOLOGY, INC.

Principal Place of Business Mailing Address
4562 NORTHWOOD TERRACE SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/23/1993** 3a. Date of Last Report **05/11/1994**
4. FEI Number **65-0437564** 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 State, Apt # etc. 26 State, Apt # etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 County 29 City & State 30 County

9. Name and Address of Current Registered Agent
**WALLACK, MICHAEL M
2055 WOOD STREET
SUITE 208
SARASOTA FL 34237**

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 _____ (Agent) _____ (Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST., ZIP	VSD SLOAN, GREGORY S 4562 NORTHWOOD TERRACE SARASOTA FL 34234	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST., ZIP	PVSTD Sloan, Gregory S 4562 Northwood Terrace Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST., ZIP	PTD PEARCE, ROBERT J 4867 OAK POINT WAY SARASOTA FL 34233	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST., ZIP	None <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST., ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST., ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST., ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST., ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST., ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST., ZIP	<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 119.071, Florida Statutes. I further certify that this information is true and correct 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 as Block 12 or Block 13, or both, on an attachment with an address.

SIGNATURE: **Greg S. Sloan** 6/3/95 613-351-8279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 - STATE

DOCUMENT # **P93000066336 (7)**

1. Corporation Name

FLORIDA AVENUE FAMILY PRACTICE, INC.

Principal Place of Business
**1225-F S. FLORIDA AVE.
ROCKLEDGE FL 32955**

Mailing Address
**1225-F S. FLORIDA AVE.
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/20/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3188760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for initial system fee under S. 193.033, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCOTT, ROBERT H JR 152 W. GRANADA BLVD. ORMOND BEACH FL 32174		B1. Name	
		B2. Street Address (P O Box Number is Not Acceptable)	
		B3. City	
		B4. City	FL B5. 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 Registered Agent (Required Agent and fee) (Type name)

Signature of New Agent (Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGALANG, FERNANDO G	1.2 NAME	
STREET ADDRESS	1225-F S. FLORIDA AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	ROCKLEDGE FL 32955	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 Sections 119.07(1)(b), 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 receiver or trustee empowered to execute this report as required by Chapter 1817, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-02-95

Date

Signature Printed

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066811 (9)

CP SERVICE CORP.

Principal Place of Business: **3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207**
Mailing Address: **3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1993** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3206673** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$6.75 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 § 198.04, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite Apt # etc: **22** Suite Apt # etc: **27**
City & State: **23** City & State: **28**
ZIP: **24** Country: **25** ZIP: **29** Country: **30**

9. Name and Address of Current Registered Agent
**PHILLIPS, PHILIP B JR.
3728 PHILLIPS HWY.
SUITE 39
JACKSONVILLE FL 32207**

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**

11. Pursuant to the provisions of Sections 607.0902 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

TITLE	D
NAME	PHILLIPS, PHILIP B JR.
STREET ADDRESS	3728 PHILLIPS HWY., #39
CITY, ST, ZIP	JACKSONVILLE FL 32207
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied was true and is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information filed 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 of this report, or on any document filed with this report.

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

5/26/95 204/396-9960
Date Address-Phone #

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 # P93000067949 (6)
1. Corporation Name
SHIVERN PROPERTY MANAGEMENT, INC.

Principal Place of Business: **1104 E 140 AVE TAMPA FL 33613**
Mailing Address: **P O BOX 17542 TAMPA FL 33682 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 902 E ANNIE ST STE D TAMPA FLORIDA 24 33612 25 U.S.A.**
2a. Mailing Address: **26 P O BOX 17542 TAMPA FL 33682 US 27 Suite Apt #, etc 28 City & State 29 30**

3. Date Incorporated or Qualified: **09/24/1993**
3a. Date of Last Report: **07/12/1994**
4. FEI Number: **59-3244609**
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 S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**GOODING, GARNET
1104 E 140 AVE
TAMPA FL 33613**

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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GOODING, GARNET
STREET ADDRESS	1104 E 140 AVE
CITY ST ZIP	TAMPA FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(a), 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: **Garnet Gooding (GARNET GOODING)** 5/26/95 (813) 935-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 1995 10:03

DOCUMENT # **P93000068172 (4)**
1. Corporation Name
ASSOCIATED GENERAL CONTRACTORS OF FLORIDA, INC.

Principal Place of Business: **322 BEARD ST TALLAHASSEE FL 32303**
Mailing Address: **PO BOX 10569 TALLAHASSEE FL 32302-2569**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. State Apt # etc: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Country: **30**

3. Date Incorporated or Qualified: **09/30/1993** 3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-3210712** 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 S. 199.032. Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WOODALL, MARK S
322 BEARD ST
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
B1. Name: _____
B2. Street Address (P.O. Box Number is Not Acceptable): _____
B3. _____
B4. City: _____ FL B5. 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: _____ (Name of Registered Agent or Member, Applicable) (Name of Registered Agent or Officer or Director, Applicable) (Name of Registered Agent or Officer or Director, Applicable)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUNHAM, MICHAEL T.
STREET ADDRESS	2144 ROSSELLE ST
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	T
NAME	GERESCHER, MIKE
STREET ADDRESS	201 SOUTH F STREET
CITY, ST, ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mike Gerescher
13 STREET ADDRESS	201 South "F" St.
14 CITY, ST, ZIP	Pensacola, FL 32501
21 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jim Woodall
23 STREET ADDRESS	7777 N. Davie Rd. Extension, #201
24 CITY, ST, ZIP	Hollywood, FL 33024
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 119.07(2)(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. 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: Candi Woodlief **5/30/95** **356-9671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000068386 (0)**

1. Corporation Name
WAYNE EVANS, INC.

Principal Place of Business	Mailing Address
1437 SW 116 CT MIAMI FL 33136 14772 SW 123 AVENUE MIAMI FL 33186	1437 SW 116 CT MIAMI FL 33136 14772 SW 123 AVENUE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1993	3a. Date of Last Report 12/30/1994
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 14772 SW 123 AVENUE	26 14772 SW 123 AVENUE	65-0456650	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	---------------------------------------

22. City & State	27. City & State	6. Has the Corporation Made Any Trust Fund Contributions	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Miami FL	28 Miami FL			

8. This corporation has liability for interest on the unpaid 1994 1994 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

24. Zip	25. Country	29. Zip	30. Country
33186	USA	33186	USA

9. Name and Address of Current Registered Agent

HINKLE, ROBERT W
~~1437 SW 116 CT
MIAMI FL 33136~~ **14772 SW 123 AVENUE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	14772 SW 123 AVENUE
83.	
84. City	Miami FL
85. Zip Code	33186

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 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. TITLE	DPT
2. NAME	HINKLE, ROBERT W
3. STREET ADDRESS	1437 SW 116 CT MIAMI FL 33136 14772 SW 123 AVE MIAMI FL 33186
4. CITY & ZIP	MIAMI FL 33186
5. TITLE	DV
6. NAME	NOWLIN, JACK E
7. STREET ADDRESS	9125 SW 72 AVE G-1
8. CITY & ZIP	MIAMI FL 33158
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & 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(6)(a), 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 of attached, or on an attachment, with an address.

SIGNATURE: **Robert W. Hinkle** 5/21/95 (305)871-5557

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 # P93000068534 (5)

1. Corporation Name

BAYSIDE MEDICAL EQUIPMENT & SUPPLY, INC.

Principal Place of Business

Mailing Address

5103 S MACDILL AVE
TAMPA FL 33611

5103 S MACDILL AVE
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1993**
3a. Date of Last Report: **06/21/1994**

4. FEI Number: **59-3203820**
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 § 199.032, Florida Statutes: Yes No

21	2a. Mailing Address	26	27
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	29	Country

9. Name and Address of Current Registered Agent

**DIAZ, NANCY J
5103 S MACDILL AVE
TAMPA FL 33611**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	City
B4	State
B5	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 Registered Agent or Director) (Registered Agent Signature required when substituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, NANCY JEAN	1.2 NAME	
STREET ADDRESS	5103 S. MACDILL AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, IDELFONSO RAMO	2.2 NAME	
STREET ADDRESS	5103 S. MACDILL AVE.	2.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 199.03(2)(b), Florida Statutes. I do hereby 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 or liquidator 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:

Nancy J. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY J DIAZ

5/30/95

813 832 4592

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000069275 (4)

1. Corporation Name
BUSY BEE REALTY, INC.

Principal Place of Business Mailing Address
**2100 CONSTITUTION BLVD
SUITE 149
SARASOTA FL 34231** **2100 CONSTITUTION BLVD
SUITE 149
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/30/1993 **04/28/1994**

4. FEI Number Applied For
65-0440258 Not Applicable

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

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

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 27

23 28

24 25 29 30

9. Name and Address of Current Registered Agent

**POSEY, PATRICIA
2938 MAYFLOWER ST.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name: **W. ANDERSON**

82 Street Address (P.O. Box Number is Not Acceptable):
2929 MAYFLOWER ST.

83

84 City: **SARASOTA** FL 85 Zip Code: **34231**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504 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 understand the obligations of Section 607.0505 Florida Statutes.

SIGNATURE: *W. Anderson* SEC. / TRES. 5/31/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11a NAME	POSEY, PATRICIA	13a TITLE	SEC/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11b STREET ADDRESS	2938 MAY FLOWER ST	13b NAME	W. ANDERSON	
11c CITY, ST. ZIP	SARASOTA FL	13c STREET ADDRESS	2929 MAYFLOWER ST	
11d TITLE		13d CITY, ST. ZIP	SARASOTA, FL 34231	
11e NAME		13e TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f STREET ADDRESS		13f NAME		
11g CITY, ST. ZIP		13g STREET ADDRESS		
11h TITLE		13h CITY, ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11i NAME		13i NAME		
11j STREET ADDRESS		13j STREET ADDRESS		
11k CITY, ST. ZIP		13k CITY, ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11l TITLE		13l TITLE		
11m NAME		13m NAME		
11n STREET ADDRESS		13n STREET ADDRESS		
11o CITY, ST. ZIP		13o CITY, ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11p TITLE		13p TITLE		
11q NAME		13q NAME		
11r STREET ADDRESS		13r STREET ADDRESS		
11s CITY, ST. ZIP		13s CITY, ST. ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 199.021(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made personally. 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: *W. Anderson* 5/31/95 913 924-4223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000069289 (5)

1. Corporation Name:

L.L.S.C.J. TRUCKING INC.

Principal Place of Business

**5317 GRANDVIEW DR
ORLANDO FL 32808**

Mailing Address

**5317 GRANDVIEW DR
ORLANDO FL 32808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

07/14/1994

4. FEI Number

59-3207436

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 § 195.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt # etc

Suite, Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, LEONARD G
5317 GRANDVIEW DR
ORLANDO FL 32808**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Leonard G. Jackson

(If the Registered Agent signature is required, attach a separate signature page.)

5-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	JACKSON, LEONARD G.
STREET ADDRESS	5317 GRANDVIEW DR.
CITY, ST, ZIP	ORLANDO 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	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 exemptions stated in Section 110.07(5)(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. 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:

Leonard G. Jackson
LEONARD G. JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-95

904 829 2967

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 12:02

DOCUMENT # P93000069332 (3)

1. Corporation Name
REMECA, CO.

Principal Place of Business
**8032 S. 78TH STREET
RIVERVIEW FL 33569**

Mailing Address
**8032 S. 78TH STREET
RIVERVIEW FL 33569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 06/23/1994
4. FEI Number 59-3210890	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of business 21. Suite, Apt. #, etc. 22. City & State 23. 24. 25. 26. 27. 28. 29. 30.	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. 29. 30.
--	---

9. Name and Address of Current Registered Agent

**METALLO, ANGELO
11500 SUMMIT W. BLVD.
APT. 26D
TEMPLE TERRACE FL 33617**

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**

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	METALLO, ANGELO
STREET ADDRESS	11500 SUMMIT W. BLVD., SUITE 26D
CITY, ST, ZIP	TEMPLE TERRACE FL 33617
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

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 110.07(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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or in Block 13 of Block 13 of this report with an address.

SIGNATURE: *M. Metallo*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR