

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

<b>CORPORATION ANNUAL REPORT 1995</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
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**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:20

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000072694 (1)**

1. Corporation Name

**MARLYN EXPORT, CORP.**

Previous Place of Business

13512 N.E. 20 COURT  
NORTH MIAMI BEACH FL 33181

Present Address

13512 N.E. 20 COURT  
NORTH MIAMI BEACH FL 33181

2. Present Place of Business

21 1300 HOFFETT ST  
Suite Apt. # 211

CITY & STATE

23 HALLANDALE, FL

24 3300 9

25 6/14

26 1300 HOFFETT ST  
Suite Apt. # 211

CITY & STATE

28 HALLANDALE, FL

29 3300 9

30 USA

2a. Mailing Address

26 1300 HOFFETT ST  
Suite Apt. # 211

CITY & STATE

27 1300 HOFFETT ST  
HALLANDALE, FL

CITY & STATE

28 1300 HOFFETT ST  
HALLANDALE, FL

CITY & STATE

29 1300 HOFFETT ST  
HALLANDALE, FL

CITY & STATE

30 1300 HOFFETT ST  
HALLANDALE, FL

CITY & STATE

DO NOT WRITE IN THIS SPACE

3a. Date Incorporated (Month/Year) **10/11/1993** 3b. Date of Last Report **05/01/1994**

4. FEI Number **65-0473611** Applied For  Not Applicable

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

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

7. The corporation has liability for unallowable tax under § 106(2)(c), Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name **FERNANDEZ, MARLYN V.**

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

1300 HOFFETT ST. APT. 211

83

84 City **HALLANDALE** FL Zip Code **33009**

11. Pursuant to the provisions of Sections 607.019(2) and 607.026, 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 607.019(2), Florida Statutes.

SIGNATURE: **MARLYN V. FERNANDEZ**

**4/28/95**

12. OFFICERS AND DIRECTORS

1. TITLE **D**  
NAME **FERNANDEZ, MARLYN V.**  
STREET ADDRESS **13512 N.E. 20 COURT**  
CITY & ZIP **NORTH MIAMI BEACH FL 33181**

2. TITLE  
NAME  
STREET ADDRESS  
CITY & ZIP

3. TITLE  
NAME  
STREET ADDRESS  
CITY & ZIP

4. TITLE  
NAME  
STREET ADDRESS  
CITY & ZIP

5. TITLE  
NAME  
STREET ADDRESS  
CITY & ZIP

6. TITLE  
NAME  
STREET ADDRESS  
CITY & ZIP

7. TITLE  
NAME  
STREET ADDRESS  
CITY & ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1. TITLE **P/D**  
2. NAME **FERNANDEZ, MARLYN V.**  
3. STREET ADDRESS **1300 HOFFETT ST. APT. 211**  
4. CITY & ZIP **HALLANDALE, FL, 33009**

5. TITLE **P**  
6. NAME **KNAFO, HEIR**  
7. STREET ADDRESS **1300 HOFFETT ST. APT. 211**  
8. CITY & ZIP **HALLANDALE, FL, 33009**

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

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY & ZIP

25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY & ZIP

14. I, hereby certify that the information supplied with this form is voluntary furnished and does not qualify for the exemption stated in Section 119.07(9)(c), Florida Statutes. I further certify that the information is located on the annual report or supplemental annual report if required or untrue and that my signature shall have the same legal effect as made under oath that I am an officer or director of the corporation or the major or managing shareholder empowered to execute the report as required by Chapter 607, Florida Statutes, and that no name appears on Block 12 or Block 13 excepted on an alternate form with an address.

SIGNATURE: **MARLYN V. FERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/95 (305) 457-4328**

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

REGISTRATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
REGISTRATION AND  
ANNUAL REPORTS  
CORPORATIONS AND PARTNERSHIPS

**DOCUMENT # P93000072984 (6)**

JTW INC.

MAILING ADDRESS  
MAILING ADDRESS

6086 W. DOUNERAY LOOP  
CRYSTAL RIVER FL 34429  
US

6086 W. DOUNERAY LOOP  
CRYSTAL RIVER FL 34429  
US

SUBMISSION DATE 12

MAILING ADDRESS

PRINT IN WHITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/21/1993**      **06/17/1994**

4. FEI Number      Applied For  
**59-3244240**      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 authority to transact business under the 1968  
Florida Statutes       Yes       No

10. Name and Address of New Registered Agent

81. Name		
82. Street Address (P.O. Box Number is Not Acceptable)		
83.		
84. City	<b>FL</b>	Zip Code

11. Pursuant to the provisions of Sections 607.010 and 607.1008 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 requirements of Article 607.0108 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Officer / Director	Name	Officer / Director	Change      Addition
P	WHITMARSH, TODD A 6086 W. DOUNERAY LOOP CRYSTAL RIVER FL	13. NAME 13. STREET ADDRESS 13. CITY, ST, ZIP	<b>7315 SE 30th st Ocala, Fl 34471</b>
VP	WHITMARSH, JAMES A 6086 W. DOUNERAY LOOP CRYSTAL RIVER FL	13. NAME 13. STREET ADDRESS 13. CITY, ST, ZIP	<b>7315 SE 30th st Ocala, Fl 34471</b>
S	WHITMARSH, VERONICA S 6086 W. DOUNERAY LOOP CRYSTAL RIVER FL	13. NAME 13. STREET ADDRESS 13. CITY, ST, ZIP	<b>7315 SE 30th st Ocala, Fl 34471</b>
T	WHITMARSH, BARBARA 6086 W. DOUNERAY LOOP CRYSTAL RIVER FL	13. NAME 13. STREET ADDRESS 13. CITY, ST, ZIP	<b>7315 SE 30th st Ocala, Fl 34471</b>
		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, orally, that the information contained in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110(1)(b) Florida Statutes. I further certify that the information contained 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. This certificate certifies that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes, and that my signature appears in black ink or blue ink, is placed on this document at the time of its filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER IN BLOCK LETTERS

904-237-6553

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
SARAH B. McROBB  
SECRETARY OF STATE  
CIVIL PRACTICE & CORPORATE REGS

DOCUMENT # P93000073082 (8)

1. Corporation Name:

**PMG SALES & CHARTER, INC.**

2. Principal Place of Business:

1430 S. FEDERAL HWY.  
#301  
DEERFIELD FL 33441

3. Mailing Address:

1430 S. FEDERAL HWY.  
#301  
DEERFIELD FL 33441

c/o PMG Enterprises

21 6245 N. Federal Hwy  
Suite Apt. #, etc.

22 5th Floor

City & State

23 Ft Lauderdale FL

Zip

24 33308

County

25 USA

26

Mailing Address

27

Suite Apt. #, etc.

28

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

LEHRER, THOMAS H  
ONE E BROWARD BLVD  
7TH FL  
FT LAUDERDALE FL 33301

Do Not Write In This Space

3. Date Incorporated or Quiescent 10/14/1993 4a. Date of Last Report 04/29/1994

4. FEI Number 65-0471977 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 § 195.032. Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

J. Steven Warner PA

81 Name

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

6245 N. Federal Hwy

83 Suite 506

84 City

85 Zip Code

Ft Lauderdale FL 33308

11. Pursuant to the provisions of Sections 607.1502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 agree with the foregoing, done at Ft Lauderdale, Florida, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

101	D NAME STREET ADDRESS CITY ST ZIP	11. NAME 12. NAME 13. STREET ADDRESS 14. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102	D NAME STREET ADDRESS CITY ST ZIP	15. NAME 16. STREET ADDRESS 17. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103	NAME STREET ADDRESS CITY ST ZIP	18. NAME 19. STREET ADDRESS 20. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104	NAME STREET ADDRESS CITY ST ZIP	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105	NAME STREET ADDRESS CITY ST ZIP	25. NAME 26. NAME 27. STREET ADDRESS 28. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106	NAME STREET ADDRESS CITY ST ZIP	29. NAME 30. NAME 31. STREET ADDRESS 32. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
107	NAME STREET ADDRESS CITY ST ZIP	33. NAME 34. NAME 35. STREET ADDRESS 36. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I declare, certify that the information supplied with this document is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this annual report is a continuation of annual reports filed in my state 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 Item 6, 12 or Block 13 changed or in an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/20/95