

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Markham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000072852 (5)**

1. Corporation Name

EXOTIC GEMS, INC.

Principal Place of Business
**600 LAKE MARKHAM RD
SANFORD FL 32771**

Mailng Address
**600 LAKE MARKHAM RD
SANFORD FL 32771**

(Do not write in this space)

3. Date Incorporated or Qualified **10/14/1993** 3a. Date of Last Report **05/01/1994**

4. FFI Number **59-3209302** Appoint For ☐ Just Appointment

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 enterprise tax under 1993 (1997) 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. Zip 28. Zip

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLOWAY, CHERYL
600 LAKE MARKHAM RD.
SANFORD FL 32771**

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 601.09(2) 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 607.085, Florida Statutes.

SIGNATURE

(If an officer or director, sign and print name and title.)

(If a registered agent, sign and print name and title.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

12.1 NAME **D GALLOWAY, CHERYL E**
12.2 STREET ADDRESS **600 LAKE MARKHAM RD**
12.3 CITY, ST, ZIP **SANFORD FL 32771**

12.4 NAME
12.5 STREET ADDRESS
12.6 CITY, ST, ZIP

12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST, ZIP

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP

12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP

12.16 NAME
12.17 STREET ADDRESS
12.18 CITY, ST, ZIP

13.1 NAME ☐ Change ☐ Addition
13.2 STREET ADDRESS
13.3 CITY, ST, ZIP

13.4 NAME ☐ Change ☐ Addition
13.5 STREET ADDRESS
13.6 CITY, ST, ZIP

13.7 NAME ☐ Change ☐ Addition
13.8 STREET ADDRESS
13.9 CITY, ST, ZIP

13.10 NAME ☐ Change ☐ Addition
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP

13.13 NAME ☐ Change ☐ Addition
13.14 STREET ADDRESS
13.15 CITY, ST, ZIP

13.16 NAME ☐ Change ☐ Addition
13.17 STREET ADDRESS
13.18 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 3.13(1)(2)(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 of changed, or on an attachment with an address.

SIGNATURE:

Cheryl Galloway
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
GOVERNOR OF FLORIDA
TALLAHASSEE, FLORIDA 32399

DOCUMENT # P93000074110 (6)

1. Corporation Name

C & S NICHOLSON, INC.

2. Mailing Address
2231 NOVA VILLAGE DRIVE
DAVE FL 33317

Mailing Address

2231 NOVA VILLAGE DRIVE
DAVE FL 33317

(DO NOT WRITE IN THIS SPACE)

3. Date first organized or qualified
10/26/1993

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

4. FCI Number
65-0461217

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. Does corporation have liability for information fee under § 219.05, Florida Statutes? ☐ Yes ☐ No

2. Principal Office Address

21. City, State, and Zip

22. County

23. Mailing Address

24. City, State, and Zip

2a. Mailing Address

26. City, State, and Zip

27. County

28. Mailing Address

29. City, State, and Zip

9. Name and Address of Current Registered Agent

NICHOLSON, CHRIS
2231 NOVA VILLAGE DR.
DAVE FL 33317

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 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (if 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 Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

12a. Name

D
NICHOLSON, CHRIS
2231 NOVA VILLAGE DR.
DAVE FL 33317

12b. Street Address

12c. City, State, and Zip

12d. County

12e. Mailing Address

12f. City, State, and Zip

12g. County

12h. Mailing Address

12i. City, State, and Zip

12j. County

12k. Mailing Address

12l. City, State, and Zip

12m. County

12n. Mailing Address

12o. City, State, and Zip

12p. County

12q. Mailing Address

12r. City, State, and Zip

12s. County

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. Name

13b. Street Address

13c. City, State, and Zip

13d. County

13e. Mailing Address

13f. City, State, and Zip

13g. County

13h. Mailing Address

13i. City, State, and Zip

13j. County

13k. Mailing Address

13l. City, State, and Zip

13m. County

13n. Mailing Address

13o. City, State, and Zip

13p. County

13q. Mailing Address

13r. City, State, and Zip

13s. County

14. I hereby certify that the information required with this filing is voluntarily furnished and shown and qualify for the exemptions stated in law under Chapter 219, Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made under oath. That any officer or director of the corporation or the incorporator or incorporators who executed this report as required by Chapter 219, Florida Statutes, and that my signature appears on this report or filing is a true and correct statement of the information required.

SIGNATURE:

Christopher B. Nicholson

(Signature and typed name of officer or director)

4-28-95 305-653-5300

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

**7/1/1994
APPROVED
AND
FILED**

1994 MAY -1 AM 2:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathison Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000074256 (7)

1. Corporation Name

APARTMENT FINDER, INC.

Principal Place of Business 5105 E. COLONIAL DR ORLANDO FL 32803 US	Mailing Address 632 MAGUIRE BLVD ORLANDO FL 32803
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1993	3a. Date of Last Report 05/01/1994
21	State Apt # etc	26	State Apt # etc	4. FEI Number 59-3212185	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	City & State	29	City & State	7. This corporation has initially filed a report as required by Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
YOSSIFON, JOSEPH 632 MAGUIRE BLVD ORLANDO FL 32803				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 607.0507 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 accept the provisions of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a	D	13a	☐ Change ☐ Addition
NAME	YOSSIFON, JOSEPH	13b	
STREET ADDRESS	632 MAGUIRE BLVD	13c	
CITY, ST, ZIP	ORLANDO FL 32803	13d	
12e		13e	☐ Change ☐ Addition
NAME		13f	
STREET ADDRESS		13g	
CITY, ST, ZIP		13h	
12i		13i	☐ Change ☐ Addition
NAME		13j	
STREET ADDRESS		13k	
CITY, ST, ZIP		13l	
12m		13m	☐ Change ☐ Addition
NAME		13n	
STREET ADDRESS		13o	
CITY, ST, ZIP		13p	
12q		13q	☐ Change ☐ Addition
NAME		13r	
STREET ADDRESS		13s	
CITY, ST, ZIP		13t	
12u		13u	☐ Change ☐ Addition
NAME		13v	
STREET ADDRESS		13w	
CITY, ST, ZIP		13x	

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 135.07(1)(b), 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 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE D ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH YOSSIFON

4/28/95

407-277-4600

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**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # P93000074390 (4)

1. Corporation Name

ONE STOP APARTMENT SHOP, INC.

Principal Place of Business

**632 MAGUIRE BLVD
ORLANDO FL 32803**

Mailing Address

**632 MAGUIRE BLVD
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1993

3b. Date of Last Report

05/01/1994

4. FBI Number

NOT APPLICABLE

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**

6. This corporation has liability for intangible taxes under § 199.02,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25. Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29. Country

29

30. Country

9. Name and Address of Current Registered Agent

**YOSSIFON, JOSEPH
632 MAGUIRE BLVD
ORLANDO FL 32803**

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type Name and Print Name)

Signature of Registered Agent (Type Name and Print Name)

Signature of Registered Agent (Type Name and Print Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
YOSSIFON, JOSEPH
632 MAGUIRE BLVD
ORLANDO FL 32803**

1. 101
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

102
NAME
STREET ADDRESS
CITY, ST, ZIP

2. 102
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

☐ Change ☐ Addition

103
NAME
STREET ADDRESS
CITY, ST, ZIP

3. 103
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

☐ Change ☐ Addition

104
NAME
STREET ADDRESS
CITY, ST, ZIP

4. 104
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

☐ Change ☐ Addition

105
NAME
STREET ADDRESS
CITY, ST, ZIP

5. 105
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☐ Addition

106
NAME
STREET ADDRESS
CITY, ST, ZIP

6. 106
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

☐ Change ☐ 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(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 a duly qualified officer or director of the corporation or the receiver or liquidator empowered to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears on the official record of the corporation or on an affidavit with an affidavit.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH YOSSIFON

4/20/95

407-277-4600

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
FILED

5 MAY 11 AM 2:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000074534 (7)

1. Corporation Name

AIRTIME BALLOON COMPANY

Principal Place of Business

**20423 S.R. 7
SUITE 6221
BOCA RATON FL 33498**

Mailing Address

**20423 S.R. 7
SUITE 6221
BOCA RATON FL 33498**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0450630

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 delinquency fee under § 100.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. # etc

2a. Mailing Address

26 Suite, Apt. # etc

22 City & State

27 City & State

23 City

28 City

24 State

29 State

30 State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLINGER, URSULA
20423 S.R. 7
SUITE 6221
BOCA RATON FL 33498**

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 Registered Agent or Registered Agent and Director

Signature of Registered Agent or Registered Agent and Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	KLINGER, MARC
STREET ADDRESS	11671 TIMBRWOOD RD.
CITY, ST, ZIP	BOCA RATON FL 33425
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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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:

Ursula Klinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

107-882-5758