

**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**

95 FEB 24 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082346 (6)

1. Corporation Name  
**KALFUNG, INC.**

Principal Place of Business

Mailing Address

C/O OLGA K. FUNG  
997 E RIVER OAKS DR  
INDIALANTIC FL 32903

P.O. BOX 034017  
INDIALANTIC FL 32903-0917

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/22/1993</b>	3a. Date of Last Report <b>08/26/1994</b>
4. FEI Number <b>59-3217062</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**MENDIZABAL, MIGUEL**  
1320 N. SEMORAN BLVD.  
SUITE 108  
ORLANDO FL 32807

10. Name and Address of New Registered Agent 81 Name <b>CARLOS E. FUNG</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>997 E. RIVER OAKS DR.</b>	83	84 City <b>INDIALANTIC</b>	85 State <b>FL</b>	86 Zip Code <b>32903</b>
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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 *Paulette Orozco*

DATE **2-2-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>FUNG, CARLOS E.</b>	1.1 TITLE <b>ST</b>	1.2 NAME <b>PAULETTE OROZCO</b>
STREET ADDRESS <b>997 E RIVER OAKS DR</b>	CITY-ST-ZIP <b>INDIALANTIC FL</b>	1.3 STREET ADDRESS <b>173 PEREGRINE DRIVE</b>	1.4 CITY-ST-ZIP <b>INDIALANTIC, FL 32903</b>
TITLE <b>V</b>	NAME <b>FUNG, OLGA</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>997 E RIVER OAKS DR</b>	CITY-ST-ZIP <b>INDIALANTIC FL</b>	2.3 STREET ADDRESS <b>200001417742</b>	2.4 CITY-ST-ZIP <b>-02/28/95--01118--016</b>
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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 119.07(3)(k), 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: *Carlos Fung* **CARLOS FUNG**

DATE **1-19-95** **407-7230602**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
93000082346  
KALFUNG, INC.

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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000085054 (3)**

1. Corporation Name

**BOCA AIRPORT HANGARS, INC.**

Principal Place of Business

3700 AIRPORT ROAD  
BOCA RATON FL 33431

Mailing Address

3700 AIRPORT ROAD  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/06/1993** 3a. Date of Last Report **02/28/1994**

4. FEI Number **APPLIED FOR 65-0467857** 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. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**GREENBERG, MARTIN F  
3700 AIRPORT ROAD  
BOCA RATON FL 33431**

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, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
GREENBERG, MARTIN F  
3700 AIRPORT ROAD  
BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
WANTSHOUSE, MARK  
3700 AIRPORT RD.  
BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
STEINBERG, PAUL B  
767 ARTHUR GODFREY RD.  
MIAMI BCH. 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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

**300001407623  
-02/16/95--01039--001**

**\*\*\*400.00 L.A. 200.00**

Change  Addition

Change  Addition

Change  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 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, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Title

Daytime Phone #