

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 10:02

DOCUMENT # P94000001848 (8)

1. Corporation Name

COOL BREEZE ESTATES, INC.

Principal Place of Business

4544 HORSESHOE POINT ROAD
STUART FL 34997

Mailing Address

4544 HORSESHOE POINT ROAD
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

06/15/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

City

30

4. FEI Number

65-0458506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 189 (3)(2)

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BRENNER, JACK L
4544 HORSESHOE POINT ROAD
STUART FL 34997

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 person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

BRENNER, JACK L

4544 HORSESHOE POINT RD

STUART FL 34997

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐

Change

☐

Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐

Change

☐

Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐

Change

☐

Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐

Change

☐

Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐

Change

☐

Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack L. Brenner

6/7/95 (407) 223-9140

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000002004 (7)

1. Corporation Name

FIESTA CAFE, INC.

Principal Place of Business

330 S.W. 27TH AVENUE
STE. 104
MIAMI FL 33135

Mailing Address

330 S.W. 27TH AVENUE
STE. 104
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

22

City & State

23

City & State

24

City & State

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

City & State

30

City & State

4. FEI Number

65-0467876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.
417 E. VIRGINIA STREET
STE. 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81

Name

Ara M. Vidal, Esq.

82

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

330 SW 27th Avenue

83

Suite

Suite 104

84

City

miami

FL

85

Zip Code

33135

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 tin if applicable)

(NOTE: Registered Agent signature required when reappointing)

DAY

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
VIDAL, ANA
330 SW 27TH AVENUE STE. 104
MIAMI FL 33135

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002145 (8)

1. Corporation Name

TELCENTRAL INC.

Principal Place of Business

7226 W. COLONIAL DRIVE
SUITE 227
ORLANDO FL 32778

Mailing Address

7226 W. COLONIAL DRIVE
SUITE 227
ORLANDO FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

4. FBI Number

59-3237078

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

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

HOLMLUND, ROBERT
665 OAK DRIVE
TAVARES FL 32778

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLMLUND, ROBERT
STREET ADDRESS	665 OAK DR
CITY - ST - ZIP	TAVARES FL 32778
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	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95 (904) 742-7447

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PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUN 17 1995

DOCUMENT # P94000004695 (0)

1. Corporation Name

RICHARD A. GEGOREK, INC.

Principal Place of Business

SEMINOLE ST. & CHEROKEE AVE.
SUMMERLAND KEY FL 33042

Mailing Address

SEMINOLE ST. & CHEROKEE AVE.
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1994

3a. Date of Last Report

94

2. Principal Place of Business

21 819 PEACOCK PLAZA

2a. Mailing Address

26 819 PEACOCK PLAZA

Suite, Apt. #, etc.

22 560

Suite, Apt. #, etc.

27 560

City & State

23 KEY WEST, FLA

City & State

28 KEY WEST, FLA

Zip

24 33040

Country

25 MONROE

Zip

29 33042

Country

30 MONROE

4. FEI Number

65-0456023

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. 199.052,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GEGOREK, RICHARD
SEMINOLE ST. & CHEROKEE AVE.
SUMMERLAND KEY FL 33042

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 title if applicable)

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE 0 PRESIDENT - VICE PRESIDENT.
NAME GEGOREK, RICHARD
STREET ADDRESS 19507
CITY - ST - ZIP SEMINOLE ST
SUMMERLAND KEY FL 33042

TITLE SEC / TREASURER
NAME CHERYL GEGOREK
STREET ADDRESS 19507 SEMINOLE ST
CITY - ST - ZIP SUMMERLAND, FLA. 33042

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 PRESIDENT -
12 NAME RICHARD A GEGOREK
13 STREET ADDRESS 19507 SEMINOLE ST
14 CITY - ST - ZIP SUMMERLAND FLA. 33042

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
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(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:

Richard A. Gegorek

RICHARD A. GEGOREK

6/6/95

305

296-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1993.
AMOUNT DUE ON OR BEFORE 8/9/93: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000004885 (7)

1. Corporation Name

SOUTHEAST WEB, INC.

Principal Place of Business

377 FLAMINGO AVE.
NAPLES FL 33963

Mailing Address

377 FLAMINGO AVE.
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

24

Quantity

28

Zip

30

Country

4. FEI Number

65-0477138

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 tax under § 100.032,
Florida Statutes ☐ Yes ☐ No

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

COX, ARTHUR A
377 FLAMINGO AVE.
NAPLES FL 33963

STREET ADDRESS

CITY ST ZIP

TITLE

D

NAME

ROOT, JOHN
5225 ABELIA DR.
ORLANDO FL 32819

STREET ADDRESS

CITY ST ZIP

TITLE

D

NAME

BOWES, DOUGLAS V
588 YUCCA RD.
NAPLES FL 33940

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

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY ST ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY ST ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY ST ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY ST ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY ST ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY ST ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 119.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR A. COX

6/9/95

591-0643