FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003791 (8)**

1. Corporate Name

D.C.N. SYSTEMS INC.

Principal Place of Business

P.O. BOX 162311
ALTAMONTE SPRINGS FL 32807

Mailing Address

P.O. BOX 162311
ALTAMONTE SPRINGS FL 32807

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **01/10/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-3220334 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22 / 27

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

City & State — 23 / 28

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

Zip / County — 24 / 25 / 29 / 30

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

9. Name and Address of Current Registered Agent

MOLINA, JULIO
8614 BRACKENWOOD DR.
ORLANDO FL 32829

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 607.0501 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 such position under Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
21 TITLE	D	31 TITLE	☐ Change ☐ Addition
22 NAME	MALDONADO, DAVID	32 NAME	
23 STREET ADDRESS	8614 BRACKENWOOD DR.	33 STREET ADDRESS	
24 CITY-ST-ZIP	ORLANDO FL 32829	34 CITY-ST-ZIP	
25 TITLE	D	35 TITLE	☐ Change ☐ Addition
26 NAME	MALDONADO, CLARISA	36 NAME	
27 STREET ADDRESS	8614 BRACKENWOOD DR.	37 STREET ADDRESS	
28 CITY-ST-ZIP	ORLANDO FL 32829	38 CITY-ST-ZIP	
29 TITLE		39 TITLE	☐ Change ☐ Addition
30 NAME		40 NAME	
31 STREET ADDRESS		41 STREET ADDRESS	
32 CITY-ST-ZIP		42 CITY-ST-ZIP	
33 TITLE		43 TITLE	☐ Change ☐ Addition
34 NAME		44 NAME	
35 STREET ADDRESS		45 STREET ADDRESS	
36 CITY-ST-ZIP		46 CITY-ST-ZIP	
37 TITLE		47 TITLE	☐ Change ☐ Addition
38 NAME		48 NAME	
39 STREET ADDRESS		49 STREET ADDRESS	
40 CITY-ST-ZIP		50 CITY-ST-ZIP	
41 TITLE		51 TITLE	☐ Change ☐ Addition
42 NAME		52 NAME	
43 STREET ADDRESS		53 STREET ADDRESS	
44 CITY-ST-ZIP		54 CITY-ST-ZIP	
45 TITLE		55 TITLE	☐ Change ☐ Addition
46 NAME		56 NAME	
47 STREET ADDRESS		57 STREET ADDRESS	
48 CITY-ST-ZIP		58 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: _____ 4-13-95 407-834-0252

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0413920 FP

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APPROVED
MAY
1995

CORPORATION
ANNUAL REPORT
1995

FILED
95 MAY 18 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003939 (3)

1. Entity Name

CITYWIDE ELECTRIC, INC.

Principal Place of Business

8535-3 BAYMEADOWS RD
SUITE 132
JACKSONVILLE FL 32256

Mailing Address

8535-3 BAYMEADOWS RD
SUITE 132
JACKSONVILLE FL 32256

Document Will Be Filed In This State

3. Date Incorporated or Qualified: 01/14/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-3245723

Applied For
Not Applicable

State Address
22

State Address
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

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

24 25 29 30

8. The corporation has assets for intangible tax under § 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HARTELL, MICHAEL L
8535-3 BAYMEADOWS RD
SUITE 132
JACKSONVILLE FL 32256

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 Section 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

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new agent must sign above) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME HARTELL, MICHAEL L STREET ADDRESS 10458 DOCKSIDER DR W CITY-ST-ZIP JACKSONVILLE FL 32257	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME HARTELL, VIVIAN R STREET ADDRESS 10458 DOCKSIDER DR W CITY-ST-ZIP JACKSONVILLE FL 32257	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I am aware that any false information submitted in a document to the Department of State pursuant to Chapter 607, Florida Statutes, constitutes a felony of the third degree punishable by up to five years in prison and a $5,000 fine, as provided in Section 775.082, Florida Statutes. I am aware that pursuant to Section 607.0505, Florida Statutes, the Department of State may dissolve a corporation administratively if it fails to file its annual report.

SIGNATURE: Michael L Hartell 5-18-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0407930 FP

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

APPROVED AND FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004006 (0)**

1. Corporate Name

SYSTECH COMPUTER CONSULTANTS, INC.

Principal Place of Business	Mailing Address
4471 N.W. 36TH ST.	4471 N.W. 36TH ST.
3208	3208
MIAMI SPRINGS FL 33166	MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

4. FEI Number: 65-0460775 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOMENECH, ANGEL D	81 Name
4471 N.W. 36TH ST.	82 Street Address (P.O. Box Number is Not Acceptable)
#208	83
MIAMI SPRINGS FL 33166	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1 TITLE	PS ☒ Change ☐ Addition
NAME	DOMENECH, ANGEL D	1 NAME	DOMENECH, ANGEL D.
STREET ADDRESS	8160 GENEVA CT. #3097A	1 STREET ADDRESS	20033 NW 66 PL.
CITY-ST-ZIP	MIAMI FL 33166	1 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VT	2 TITLE	☐ Change ☐ Addition
NAME	DAUDIN, FLORENCE	2 NAME	
STREET ADDRESS	3412 KNOLLS RD.	2 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33055	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(i), 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] ANGEL D. DOMENECH — 3-7-95 — (305)887-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179461 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
MAY 1
FILED

95 MAY 12 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004240 (5)**

1. Corporate Name
H A & M, INC.

Principal Place of Business	Mailing Address
24641 US 19 N #550 CLEARWATER FL 34623	24641 US 19 N #550 CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 24641 U.S. 19 N	26 1821 South Hill St.
Suite, Apt. # or etc. 22 Suite 430	Suite, Apt. # or etc. 27
City & State 23 CLEARWATER FL	City & State 28 OCEANSIDE, CA.
Zip 24 34623	Country 25
Zip 29 92054	Country 30

4. FEI Number: 59-3228436 ☐ 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 diesel fuel tax under Chapter 206, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HASLER, DANA 24641 US 19 N #550 CLEARWATER FL 34623	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 24641 US 19 N 83 SUITE 430 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1905, 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. OFFICER(S) AND/OR DIRECTOR(S)	13. ADDITIONS, CHANGES TO OFFICER(S) AND/OR DIRECTOR(S)
PD HASLER, DANA 24641 US 19 N CLEARWATER FL 34623	☒ Change ☐ Addition 24641 US 19 N, SUITE 430
VD ANGELUS, DOTTIE M 24641 US 19 N CLEARWATER FL 34623	☒ Change ☐ Addition 24641 US 19 N, SUITE 430
SD ANGELUS, GARY E 24641 US 19 N CLEARWATER FL 34623	☒ Change ☐ Addition 24641 US 19 N, SUITE 430
TD ECKHOUSE, LOUISE 24641 US 19 N CLEARWATER FL 34623	☒ Change ☐ Addition 24641 US 19 N, SUITE 430
D MOELLER, PETER 1821 S HILL ST OCEANSIDE CA 92054	☒ Change ☐ Addition 1805 HILL ST. NEW SMYRNA BEACH, FL. 32169
	☐ Change ☐ Addition

14. To the best of my knowledge, I certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall serve as my resignation letter if I have resigned as 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 added to the report.

SIGNATURE: [signature] 5/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0359108 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P94000004805 (5)

1. Name

ROMA DRY CLEANING, INC.

15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Address

5100 W. COPANS RD.
MARGATE FL 33063

Mailing Address

5100 W. COPANS RD.
MARGATE FL 33063

3. Date of Last Report
01/20/1994

2. Principal Place of Business
21 100 S. Military Trail
Suite Apt # etc.
22 #13
City & State
23 DeerField Beach, FL
24 33442 25 Broward

2a. Mailing Address
26 100 S. Military Tr.
Suite Apt # etc.
27 #13
City & State
28 DeerField Beach, FL
29 33442 30 Broward

4. FEI Number
65-0499764
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. Does corporation qualify for exemption per 290.05 Florida Statutes
X Yes No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH STREET
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
Joseph L. Bernstein, P.A.
82 Street Address (P.O. Box Number Not Acceptable)
2400 E. Commercial Boulevard, Suite #720
83
84 City
Fort Lauderdale
FL
85 Zip Code
33308

11. Pursuant to the provisions of Section 607.0505, 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. The above named corporation is authorized to transact business in the State of Florida, and has complied with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE
5/15/95

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
D PANTALONE, ANTHONY 5100 W. COPANS RD. MARGATE FL 33063	Change Addition Pantalone, Anthony 100 S. Military Trail #13 DeerField Beach, FL 33442
D ROSENBLATT, IRVING 5100 W. COPANS RD. MARGATE FL 33063	Change Addition Rosenblatt, Irving 100 S. Military Trail #13 DeerField Beach, FL 33442
D RAO, MADELENE E 5100 W. COPANS RD. MARGATE FL 33063	Change Addition Rao, Madelene E. 100 S. Military Trail #13 DeerField Beach, FL 33442
	Change Addition
	Change Addition
	Change Addition

14. I hereby certify that the information supplied with this filing is true, accurate and complete. I also certify that this entity qualifies for the exemption contained in Section 120.52(12), Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State for this report, and that its name appears above, or on an attachment with any changes.

SIGNATURE: Madelene E Rao - Madelene E Rao D 305-480-9466
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR

0108199 CP