

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

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DOCUMENT # P94000032948 (9)

TOLLEGNO, INC.

3430 N OCEAN BLVD
FT LAUDERDALE FL

3439 N OCEAN BLVD
FT LAUDERDALE FL

3. (Date Rec'd by the Department)	38. (Date of Final Report)
04/20/1994	

4. APPLIED FOR ☒ Application ☐ Not Applicable

5. **Registration Fee:** (Required) ☐ **\$8.75 Additional Fee Required**

6. Election Contributions (Federal)	\$5.00 May Be Added to Fees
-------------------------------------	--------------------------------

[illegible]

Name and Address of Current Registered Agent

SOLA, GIMMY
206 ROYAL PALM DR
FT LAUDERDALE FL

10. Name and Address of New Registered Agent

81	1/2/76
82	1/2/76
83	
84	1/2/76

11. The information provided in this report is based on the data collected during the period of the investigation. The data used for the purpose of preparing this report is based on the information provided by the respondents. The respondents are not responsible for the accuracy of the information provided in this report. The respondents are not responsible for the accuracy of the information provided in this report.

12. DPST
SOLA, GIMMY
206 ROYAL PALM DR
FT LAUDERDALE FL 33301

[illegible][illegible]

SIGNATURE:

Signature and Title of Person or Persons in Charge of the Loan Agreement (to be printed in the space provided for the signature of the person or persons in charge of the loan agreement)

Jimmy Sola *Jimmy Sola* PRESIDENT

SIGNATURE AND TITLE OF PERSONS IN CHARGE OF THE LOAN AGREEMENT

JUNE 5 1995

(305) 564-8752

0314040

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

CORPORATION
AND A PART

1995



DOCUMENT # P94000033192 (3)

MERRITT EQUIPMENT, INC.

650 STONEHENGE DRIVE
MARY ESTHER FL 32569

650 STONEHENGE DRIVE
MARY ESTHER FL 32569

2	2a	4	Agreement Fee
21	26	59-325-0622	Agreement Fee
22	27	5. Additional Fee Required	\$8.75 Additional Fee Required
23	28	6. License Fee (May Be Added to Fees)	\$5.00 May Be Added to Fees
24	29	8. License Fee (May Be Added to Fees)	License Fee (May Be Added to Fees)
25	30		

9. Name and Address of Current Registered Agent

MERRITT, CHARLES G
650 STONEHENGE DRIVE
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81	Page 12 of 23
82	Street Address: 3110 14th Avenue, S.W. Acquisition
83	
84	FL 85 2/14/2016

11. *Proposition 11* The polynomial $\chi_{\mathcal{A}}(t)$ is the characteristic polynomial of the matrix $\mathcal{A}$ associated with the statement for the purpose of computing the eigenvalues of the corresponding point cloud of the cluster $\mathcal{A}$. $\chi_{\mathcal{A}}(t) = t^{\dim(\mathcal{A})} + \sum_{i=1}^{\dim(\mathcal{A})} \alpha_i t^{i-1}$, where α_i is the i -th coefficient of the polynomial $\chi_{\mathcal{A}}(t)$. α_i is the i -th coefficient of the polynomial $\chi_{\mathcal{A}}(t)$.

12.	13.
D MERRITT, CHARLES G 650 STONEHENGE DRIVE MARY ESTHER FL 32569	
D MERRITT, KATHLEEN J 650 STONEHENGE DRIVE MARY ESTHER FL 32569	

SIGNATURE:

Charles G. Merritt
DIRECTOR AND CHIEF OF PHOTOSHOP UNIT FOR CHIEF OF BUREAU OF PHOTOGRAPHY
Charles G. Merritt

5-27-95

904-244-6624

**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)**

1995

DOCUMENT # **P94000033848 (0)**

NELSON'S COUNTRY STORES, INC.

1358 OCEANSHORE BLVD
ORMOND BEACH FL 32176

1358 OCEANSHORE BLVD
ORMOND BEACH FL 32176

2. Filing Date (Month/Day/Year)		26. Mailed Address		3. Filing Date (Month/Day/Year)		3a. Date of Last Report	
21. Filing Date (Month/Day/Year)		26. Mailed Address		4. Filing Date		Approved For Not Applicable	
22. Filing Date (Month/Day/Year)		27. Filing Date		5. Certificate of Status (Domestic)		\$8.75 Additional Fee Required	
23. Filing Date (Month/Day/Year)		28. Filing Date		6. Filing Date		\$5.00 May Be Added to Fees	
24. Filing Date (Month/Day/Year)		29. Filing Date		8. Does corporation have liability Florida Statutes		Yes ☒ No ☐	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, WILLIAM C 15 SUNRISE AVE ORMOND BEACH FL 32176				81. Name			
				82. P.O. Box Number (Not Applicable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. I, the undersigned, being a resident of this State, Florida Statutes, this corporation submits this statement for the purpose of changing its registered office to the respective county in this State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation with effect from the completion of the filing of this statement.

12. Name and Address of Current Registered Agent		13. Name and Address of New Registered Agent	
DP NELSON, CONNIE S 15 SUNRISE AVE ORMOND BEACH FL 32176		DST NELSON, WILLIAM C 15 SUNRISE AVE ORMOND BEACH FL 32176	
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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

$$\frac{1}{2} \left(\frac{1}{2} \right)^2 = \frac{1}{8}$$

1995



DOCUMENT # P94000033917 (3)

ISLE'S PAINTING & REPAIR, INC.

78 WINDSOR DR
ENGLEWOOD FL 34223

78 WINDSOR DR
ENGLEWOOD FL 34223

3. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$ 3a. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

05/02/1994		
4. <i>Exposition</i>	65-048 7676	Exposition
		Exposition

5. **Additional Fee Required**

6. **Fasten your copy tape and** **\$5.00 May Be**
Send your Contribution **Added to Fees**

B. [Illegible] ~~X~~

9. Name and Address of Current Registered Agent

VOGT, GEORGE A
78 WINDSOR DR
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

01	Page	85	2015-08-18
02	Abstract: Architect of the House of Representatives		
03			
04		EL	85 2015-08-18

11. *For each of the following, explain whether the function is continuous at the point. If the function is not continuous at the point, explain why. If the function is continuous at the point, explain why.*

12. _____ **13.** _____

PD VOGT, GEORGE A 78 WINDSOR DR INGLEWOOD FL 34223	10-11-68 10-11-68 10-11-68 10-11-68
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[illegible]

SIGNATURE:

George A. Bishop
SIGNATURE AND TYPE OR PRINTED NAME OF PERSON OFFICIAL OR DIRECTOR

6-24-95 P13-475-1139

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)

1995
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

1995-2095 B 7524 C

DOCUMENT # P94000033936 (3)

SUNCOAST CONCRETE INC.

N

3341 PEARL RIDGE ROAD PACE FL 32571		3341 PEARL RIDGE ROAD PACE FL 32571		3. Date of Corporation's Existence 05/01/1994		3a. Date of Report 05/01/1994	
21. Name of Corporation SUNCOAST CONCRETE INC.		26. Name of Agent BRYAN, KENNETH W.		4. Filing Fee 59-3241730		Applied Fee Not Applicable	
22. State of Incorporation FL		27. Date of Report 05/01/1994		5. Certificate of Status Required ☐		\$8.75 Additional Fee Required	
23. State of Residence FL		28. Date of Report 05/01/1994		6. Certificate of Status Required ☐		\$5.00 May Be Added to Fees	
24. State of Residence FL		29. Date of Report 05/01/1994		8. Does corporation have authority for registration by certificate of status? ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent BRYAN, KENNETH W 3341 PEARL RIDGE ROAD PACE FL 32571				10. Name and Address of New Registered Agent 81. Name 82. Address 83. City 84. State FL 85. Zip Code			
11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances of the corporation's existence, and that the same are true and correct to the best of my knowledge and belief.							
12. Name and Address of Agent D BRYAN, KENNETH W 3341 PEARL RIDGE ROAD PACE FL 32571				13. Name and Address of Agent BRYAN, KENNETH W 3341 PEARL RIDGE ROAD PACE FL 32571			

CR2E034 (3/95)

SIGNATURE:

Kenneth W. Bryan (Kenneth W. Bryan)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/95 984 994-4326

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
 Barbara H. McMath
 Secretary of State
 1000 Bank of America Building
 Tallahassee, Florida 32399-0001

DOCUMENT # P94000034102 (1)

1. Corporation Name:

SALVATORE PIZZA & PASTA, INCORPORATED

2. Principal Place of Business:

**3620 NW 94TH AVE.
HOLLYWOOD FL 33024**

3. Mailing Address:

**3620 NW 94TH AVE.
HOLLYWOOD FL 33024**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

3a. Date of Last Report

05/05/1994

2. Principal Place of Business:

21. 1550 W 84 ST.

2a. Mailing Address:

26. 1550 W 84 ST.

4. FCI Number

65-0486867

Applied For

Not Applicable

22. Suite, Apt. #, etc.

22. SUITE 1

27. Suite, Apt. #, etc.

27. SUITE 1

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23. City & State

23. HIALEAH FL

28. City & State

28. HIALEAH FL

6. This corporation has liability for delinquent tax under s. 190.04, Florida Statutes

☐

\$5.00 May Be Added to Fees

24. County

24. 33014 DADE

29. County

29. 33014 DADE

8. This corporation has liability for delinquent tax under s. 190.04, Florida Statutes

☒

Yes

☐ No

9. Name and Address of Current Registered Agent

**SQUADRITO, SALVATORE
3620 NW 94TH AVE.
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, the person or persons named hereon, and I hereby certify that Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth 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 the Secretary of State, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
NAME	P/D SALVATORE SQUADRITO
Street Address	3690 NW 94 AVE
City, State, Zip	HOLLYWOOD FL 33024
NAME	P/D GIUSEPPE MAURICI
Street Address	1432 W 82 ST
City, State, Zip	HIALEAH FL 33014
NAME	
Street Address	
City, State, Zip	
NAME	
Street Address	
City, State, Zip	
NAME	
Street Address	
City, State, Zip	
NAME	
Street Address	
City, State, Zip	

13. NAME	☐ Change ☒ Addition
14. STREET ADDRESS	☐ Change ☒ Addition
15. CITY, STATE, ZIP	☐ Change ☒ Addition
16. NAME	☐ Change ☒ Addition
17. STREET ADDRESS	☐ Change ☒ Addition
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24. CITY, STATE, ZIP	☐ Change ☒ Addition
25. NAME	☐ Change ☒ Addition
26. STREET ADDRESS	☐ Change ☒ Addition
27. CITY, STATE, ZIP	☐ Change ☒ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am qualified to be the registered agent of the corporation. I further certify that the information included in 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 person or persons for of the corporation on the record or burden imposed by this report as required by Chapter 447, Florida Statutes, and that my name appears on Block 13, of Block 13, of this filing, as an officer or director of the corporation.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95

821-7016

CR2E034 (3/95)

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

1995



DOCUMENT # P94000034167 (4)

N

COPYLAND, INC.

4766 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417

4766 OKEECHOBEE BLVD
WEST PALM BEACH FL 33417

21 241 BRADLEY PL.
22 SUITE - A -
23 PALM BEACH
24 33480 25 P.B.
26 241 BRADLEY PL.
27 SUITE - A -
28 PALM BEACH
29 33480 30 P.B.

9. Name and Address of Current Registered Agent

MULLIN, JAMES G
2263 NW BOCA RATON BLVD #205
BOCA RATON FL 33431

3. 05/02/1994
4. 65-0487465
5. \$8.75 Additional Fee Required
6. \$5.00 May Be Added to Fees
7. ☒
8. ☒
10. Name and Address of New Registered Agent

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FL

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12. ~~D
QUEVILLON, DOMINIQUE
160 ROY COURT CIRCLE
ROYAL PALM BEACH FL 33411~~

~~D
BOURRET, JUDY
160 ROY COURT CIRCLE
ROYAL PALM BEACH FL 33411
President
Quevillon Louis~~

13. President
QUEVILLON, Louis
1401 VILLAGE BLVD #1712
W.P.B. FL. 33409

SIGNATURE:

LOUIS QUEVILLON

06/02/95 (407) 655-6188

0130430 FP

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)

PROXY
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 REVENUE DIVISION
 TALLAHASSEE, FLORIDA 32399-0001

1995

DOCUMENT # **P94000034411 (6)**

N

ENVISAGE OF BROWARD, INC.

5581 SW 112 TER COOPER CITY FL 33330		5581 SW 112 TER COOPER CITY FL 33330	
DO NOT WRITE IN THIS SPACE			
3 Date Incorporated or Qualified		3a Date of Last Report	
05/06/1994			
4 FET Number		Applied For	
65-0499149		Not Applicable	
5 Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
6		☐ \$5.00 May Be Added to Fees	
7 This corporation is subject to the provisions of Chapter 607, Florida Statutes.			
☐ Yes ☒ No			
9 Name and Address of Current Registered Agent		10 Name and Address of New Registered Agent	
CAM, EILEEN G 5581 SW 112 TER COOPER CITY FL 33330		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
FL		85 Zip Code	
11. I, the undersigned, being a resident of this state, and duly qualified, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as 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 understand the provisions of Chapter 607, Florida Statutes.			
SIGNATURE: <i>Eileen G. Cam</i> EILEEN G. CAM 6-20-95			
12 OFFICERS AND DIRECTORS		13	
NAME: D CAM, EILEEN G STREET ADDRESS: 5581 SW 112 TER CITY: COOPER CITY FL 33330		☐ Change ☐ Addition	
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, not subject to the exemptions stated in Section 319 (2)(b) Florida Statutes. I further certify that the information supplied in 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. 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 Block 1, of Block 1 of this report or in the attached with addresses.			
SIGNATURE: <i>Eileen G. Cam</i> EILEEN G. CAM 6-20-95 (305) 962-1055			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (3/95)

**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
Jasinda B. Northington
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # P94000034631 (9)

SAPPHIRE SEA CHARTERS, INC.

N

Principal Office Location 174 PLANTATION SHORES DR TAVERNIER FL 33070		Mailing Address 174 PLANTATION SHORES DR TAVERNIER FL 33070		(Do not write in this space)	
2. Principal Office Location		2a. Mailing Address		3. Date incorporated or Qualified 05/09/1994	
21. State of Incorporation		26. State of Mailing		3a. Date of Last Report 1st REPORT	
22. State of Principal Office		27. State of Mailing		4. FEI Number 65-0493027	
23. City & State		28. City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. ☐ \$5.00 May Be Added to Fees	
25. City		30. City		8. This corporation has not been delinquent in filing its annual report as required by Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent LANNING, ROBERT W 174 PLANTATION SHORES DR TAVERNIER FL 33070				10. Name and Address of New Registered Agent	
				81. Name	
				82. City & State (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	
11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept this appointment as authorized under Florida Statutes.					
Signature of Registered Agent: _____ Date: _____					
12. OFFICERS AND DIRECTORS					
1. NAME D LANNING, ROBERT W 174 PLANTATION SHORES DR TAVERNIER FL 33070		13. ☐ Change ☐ Addition			
2. NAME D LANNING, MARILYN 174 PLANTATION SHORES DR TAVERNIER FL 33070		14. ☐ Change ☐ Addition			
3. NAME		15. ☐ Change ☐ Addition			
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DOCUMENT # **P94000035083 (2)**

2313 FISHER ISLAND DR
FISHER ISLAND FL 33109

2313 FISHER ISLAND DR.
FISHER ISLAND FL 33109

05/10/1994

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10 Name and Address of New Registered Agent
YMA PA Insley
1111 East Tennessee Blvd Asheville
R12 NCO 35th ST
FL 33141

ILYA PALINSKY

Chas. R. S.

6/12/95

DIP
PAINSKY, ELENA
832 Fishers Island Dr
Fishers Island FL 33109

14. I hereby certify that the information supplied with this report, including information that has not yet been fully processed, is true and correct to the best of my knowledge and belief. I understand that this statement is a sworn statement and that I am subject to perjury if I knowingly provide false information. I understand that this statement is a sworn statement and that I am subject to perjury if I knowingly provide false information. I understand that this statement is a sworn statement and that I am subject to perjury if I knowingly provide false information.

REMANENT AND TYPED OR PRINTED NAME OF BUREAU

6/12/95

0825034 1995