

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Monrath
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 5:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT #

P94000033651

1. Corporation Name

JONES VISION INDUSTRIES, INC.

Principal Place of Business

Mailing Address

**3629 Percival Road
Orlando, FL 32826-3522**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/02/95

3a. Date of Last Report

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3629 Percival Road

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Orlando, FL

28

Zip

Country

Zip

Country

24 32826-3522

25

29

30

4. FEI Number

59-3244889

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

**Ronald Carlisle
2731 Silver Star Road
Orlando, FL 32808**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	Alan Jones
STREET ADDRESS	3629 Percival Road
CITY, ST, ZIP	Orlando, FL 32826
TITLE	PS
NAME	Ronald Carlisle
STREET ADDRESS	2731 Silver Star Road
CITY, ST, ZIP	Orlando, FL 32808-3935
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	

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
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		

600001519456
-06/21/95--01057--024
*****200.00 ***200.00**

REMITTED BY MAY 1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95

DATE

DATE

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

APPROVED
AND
FILED

95 MAY 10 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000033676 (5)

1. Corporation Name

SOUTHEASTERN TRUST DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

3075 AVIATION AVE.
COCONUT GROVE FL 33133

3075 AVIATION AVE.
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/04/1994

4. FEI Number

☒ 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name RAUL E. RIVERO
82 Street Address (P.O. Box Number is Not Acceptable)
3075 AVIATION AVENUE
83
84 City Coconut Grove FL 85 Zip Code 33133

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

Raul E. Rivero

President

4/29/95

(Signature) (Typed name of registered agent and title of registrant)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME RIVERO, RAUL E
STREET ADDRESS 3075 AVIATION AVE.
CITY, ST, ZIP COCONUT GROVE FL 33133

TITLE S
NAME RIVERO, TERESA M
STREET ADDRESS 3075 AVIATION AVE.
CITY, ST, ZIP COCONUT GROVE FL 33133

TITLE T
NAME CAHALAN, PATRICIA
STREET ADDRESS 3075 AVIATION AVE.
CITY, ST, ZIP COCONUT GROVE FL 33133

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

☐ Change ☐ Addition

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 am hereby certifying 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 this 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:

Raul E. Rivero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL E. RIVERO

4/29/95

(305) 854-8056